2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P34373

Entity Name: PRAMERICA ASSET MANAGEMENT, INC.

Current Principal Place of Business:

PRUDENTIAL PLAZA
751 BROAD ST
NEWARK, NJ 07102 US

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON ST
8TH FL TAX
NEWARK, NJ 071023777 US

New Mailing Address:

FEI Number: 22-2550816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SULLIVAN, JAMES
Address: 2 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

Title: S ( ) Delete
Name: BAKER, MAUREEN F
Address: 2 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

Title: T ( ) Delete
Name: JACOB, BERNARD
Address: 751 BROAD ST
City-St-Zip: NEWARK, NJ

Title: D ( ) Delete
Name: MYERS, KEVIN
Address: 2 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102 US

Title: SVPD ( ) Delete
Name: SCOTT, JAMES H
Address: 2 GATEWAY CENTER
City-St-Zip: NEWARK, NJ 07102

Title: AC ( ) Delete
Name: PAVLOU, JANICE
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 07102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE PAVLOU AC 04/30/2008

Electronic Signature of Signing Officer or Director — Date