

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06309

**FILED**  
**Apr 14, 2018**  
**Secretary of State**  
**CC7967473430**

**Entity Name:** PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

**Current Principal Place of Business:**

280 TRUMBULL ST  
ONE COMMERCIAL PLAZA  
HARTFORD, CT 06103-3509

**Current Mailing Address:**

280 TRUMBULL ST  
ONE COMMERCIAL PLAZA  
HARTFORD, CT 06103-3509 US

**FEI Number: 06-1050034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title CHAIRMAN/DIRECTOR/PRESIDENT  
Name WALDECK, GEORGE  
Address 280 TRUMBULL ST.  
City-State-Zip: HARTFORD CT 06103

Title SECRETARY  
Name SILLS, KAREN M  
Address 280 TRUMBULL ST.  
City-State-Zip: HARTFORD CT 06103

Title TREASURER  
Name TANJI, KENNETH Y  
Address 751 BROAD ST.  
21ST FLOOR  
City-State-Zip: NEWARK NJ 07102

Title ASST. SECRETARY  
Name PALEN, MAGGIE  
Address 751 BROAD ST.  
21ST FLOOR  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name MARIN, ELIZABETH  
Address 1 CORPORATE DRIVE  
City-State-Zip: SHELTON CT 06484

Title DIRECTOR  
Name SCHMIDT, TIMOTHY L  
Address 655 BROAD STREET  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name WALDER, BRENT  
Address 280 TRUMBULL ST.  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name MONGIA, NANDINI  
Address 280 TRUMBULL ST.  
City-State-Zip: HARTFORD CT 06103

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*I hereby 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 all other like empowered.*

**SIGNATURE: MAGGIE PALEN**

**ASST. SECRETARY**

**04/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DALESSIO, HARRY A  
Address 280 TRUMBULL ST.  
City-State-Zip: HARTFORD CT 06103

Title DIRECTOR  
Name FRIAS, YANELA C  
Address 655 BROAD STREET  
City-State-Zip: NEWARK NJ 07102

Title DIRECTOR  
Name KAPLAN, SCOTT D  
Address 655 BROAD STREET  
City-State-Zip: NEWARK NJ 07102