

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06309

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC2719435625**

**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 DIRECTOR/PRESIDENT  
Name MARCKS, CHRISTINE C  
Address 280 TRUMBULL ST.  
1 COMMERCIAL PLZ  
City-State-Zip: HARTFORD CT 061033509

Title SECRETARY  
Name WIELER, STEPHEN E  
Address 200 WOOD AVE S  
City-State-Zip: ISELIN NJ 088302706

Title ASST. SECRETARY  
Name BAILEY, MINA C  
Address 751 BROAD ST, 21ST FLOOR, PLAZA  
City-State-Zip: NEWARK NJ 071023714

Title TREASURER  
Name TANJI, KENNETH Y  
Address 751 BROAD ST, 21ST FLOOR, PLAZA  
City-State-Zip: NEWARK NJ 071023714

Title DIRECTOR/CFO  
Name BRANDT, MICHAEL J  
Address 280 TRUMBULL ST.  
1 COMMERCIAL PLZ  
City-State-Zip: HARTFORD CT 061033509

Title DIRECTOR  
Name SCHMIDT, TIMOTHY L  
Address 2 GATEWAY CTR  
City-State-Zip: NEWARK NJ 071025005

Title DIRECTOR  
Name WALDECK, GEORGE  
Address 280 TRUMBULL ST.  
1 COMMERCIAL PLZ  
City-State-Zip: HARTFORD CT 061033509

Title DIRECTOR  
Name MARIN, ELIZABETH  
Address 751 BROAD ST, 21ST FLOOR, PLAZA  
City-State-Zip: NEWARK NJ 071023714

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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: MINA C BAILEY**

**ASST. SECRETARY**

**04/16/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name O'CONNOR, JAMES M  
Address 751 BROAD ST, 21ST FLOOR, PLAZA  
City-State-Zip: NEWARK NJ 071023714

Title DIRECTOR  
Name WALDER, BRENT  
Address 280 TRUMBULL ST.  
1 COMMERCIAL PLZ  
City-State-Zip: HARTFORD CT 061033509

Title DIRECTOR  
Name KALAMARIDES, JOHN J  
Address 280 TRUMBULL ST.  
1 COMMERCIAL PLZ  
City-State-Zip: HARTFORD CT 061033509