SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -8 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 820473 (7)

1. Corporation Name

PRUDENTIAL SELECT LIFE INSURANCE COMPANY OF AMERICA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
213 WASHINGTON STREET 6TH FLOOR NEWARK NJ 07102-2992	213 WASHINGTON STREET 6TH FLOOR NEWARK NJ 07102-2992

3. Date Incorporated or Qualified: 05/23/1967
3a. Date of Last Report: 09/29/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: ~~41-0414080~~ 41-1760577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KLEINMAN, IRA	12 NAME		
STREET ADDRESS	213 WASHINGTON STREET	13 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD	☒ Change ☐ Addition
NAME	DUNKER, ROGER	22 NAME	DIETZ, DAVID	
STREET ADDRESS	213 WASHINGTON STREET	23 STREET ADDRESS	213 WASHINGTON STREET	
CITY-ST-ZIP	NEWARK NJ	24 CITY-ST-ZIP	NEWARK, NJ 07102-2992	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	HILL, ROBERT	32 NAME	BARATTE, JAMES	
STREET ADDRESS	213 WASHINGTON STREET	33 STREET ADDRESS	213 WASHINGTON STREET	
CITY-ST-ZIP	NEWARK NJ	34 CITY-ST-ZIP	NEWARK, NJ 07102-2992	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	BARAN, NANCY	42 NAME		
STREET ADDRESS	213 WASHINGTON STREET	43 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	KETZLACH, KALMAN	52 NAME		
STREET ADDRESS	213 WASHINGTON STREET	53 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	54 CITY-ST-ZIP		
TITLE	C	61 TITLE		☐ Change ☐ Addition
NAME	BEAUDET, LISA	62 NAME		
STREET ADDRESS	213 WASHINGTON STREET	63 STREET ADDRESS		
CITY-ST-ZIP	NEWARK NJ	64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa Beaudet Lisa Beaudet 8/2/95 201-802-7017
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174015 FP