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FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 820473

(7)

1. Corporation Name

PRUDENTIAL SELECT LIFE INSURANCE COMPANY OF AMER  
ICA

Principal Place of Business

Mailing Address

213 WASHINGTON STREET  
6TH FLOOR  
NEWARK NJ 07102-2992

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6TH FLOOR  
NEWARK NJ 07102-2992



3. Date Incorporated or Qualified  
05/23/1967

3a. Date of Last Report  
05/24/1996

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME KLEINMAN, IRA  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE PD ☐ DELETE  
NAME DIETZ, DAVID  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ 07102-2992

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME BARATTE, JAMES  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ 07102-2992

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE S ☐ DELETE  
NAME BARAN, NANCY  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE T ☐ DELETE  
NAME KETZLACH, KALMAN  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE C ☐ DELETE  
NAME BEAUDET, LISA  
STREET ADDRESS 213 WASHINGTON STREET  
CITY- ST- ZIP NEWARK NJ

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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:

David Dietz, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97  
Date

(201) 802-8748  
Daytime Phone #

CR2E034 (9/96)