


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90062 036 \*\*\*158.75

<b>DOCUMENT # 820473</b> 1. Entity Name <b>PRUDENTIAL SELECT LIFE INSURANCE COMPANY OF AMERICA</b>					
Principal Place of Business <b>213 WASHINGTON STREET 8TH FLOOR NEWARK, NJ 07102-2992</b>			Mailing Address <b>213 WASHINGTON STREET 8TH FLOOR NEWARK, NJ 07102-2992</b>		
2. Principal Place of Business <b>20 Horseneck Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>20 Horseneck Lane</b> Suite, Apt. #, etc.			
City & State <b>Greenwich CT</b> Zip <b>06830</b>		City & State <b>Greenwich CT</b> Zip <b>06830</b>		4. FEI Number <b>41-1760577</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: AC <input checked="" type="checkbox"/> Delete NAME: MONTELLIONE, ROBERT STREET ADDRESS: 213 WASHINGTON ST. CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <b>CEO</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>John Tiller</b> STREET ADDRESS: <b>20 Horseneck Lane</b> CITY-ST-ZIP: <b>Greenwich CT 06830</b>		
TITLE: AC <input checked="" type="checkbox"/> Delete NAME: PAVLOU, JANICE STREET ADDRESS: 213 WASHINGTON ST CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <b>CHAIRMAN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>CHRIS STRUP</b> STREET ADDRESS: <b>20 Horseneck Lane</b> CITY-ST-ZIP: <b>Greenwich CT 06830</b>		
TITLE: <input checked="" type="checkbox"/> Delete NAME: CHAPLIN, CHARLES STREET ADDRESS: 751 BROAD ST. CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Enrico Troglia</b> STREET ADDRESS: <b>20 Horseneck Lane</b> CITY-ST-ZIP: <b>Greenwich CT 06830</b>		
TITLE: AC <input checked="" type="checkbox"/> Delete NAME: CHOTINER, MARTIN STREET ADDRESS: 213 WASHINGTON STREET CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Mark Sarlitta</b> STREET ADDRESS: <b>20 Horseneck Lane</b> CITY-ST-ZIP: <b>Greenwich CT 06830</b>		
TITLE: AC <input checked="" type="checkbox"/> Delete NAME: BENN, RICHARD STREET ADDRESS: 213 WASHINGTON STREET CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <b>Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>Michele Guertin</b> STREET ADDRESS: <b>20 Horseneck Lane</b> CITY-ST-ZIP: <b>Greenwich CT 06830</b>		
TITLE: AC <input checked="" type="checkbox"/> Delete NAME: BAUER, JOHN STREET ADDRESS: 213 WASHINGTON ST CITY-ST-ZIP: NEWARK, NJ 07102			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <b>Michele Guertin</b> <b>3-22-05 2038623172</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					