

837140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN -8 AM 11:47

RECEIVED  
JAN 14 2014  
T. LEMIEUX

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Prudential Annuities Life Assurance Corporation  
Name of Corporation

**DOCUMENT NUMBER:** 837140

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Ann Tatum**

Name of Contact Person

**The Prudential Insurance Company of America**

Firm/Company

**100 Mulberry St., Gateway Plz 3, 7 Fl**

Address

**Newark, NJ 07104**

City/State and Zip Code

**ann.tatum@prudential.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jared Wilner**

Name of Contact Person

at **(973) 802-7846**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

837140

(Document number of corporation (if known))

1. Prudential Annuities Life Assurance Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Connecticut

(Incorporated under laws of)

3. 10/05/1976

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Arizona

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Joseph D. Emanuel

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
JAN - 8 AM 11:47



Prudential

A 000000367

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FLORIDA DEPARTMENT OF STATE

DATE OF PAYMENT: NOV 20 2013  
VENDOR ID: 105509  
VENDOR LOCATION: 001  
CHECK NUMBER: 3051021679  
CHECK AMOUNT: \$35.00

## CHECK STATEMENT

Page 2 of 2

Invoice Date	Invoice Nbr	Discount Amount	Payment Amount
11/18/2013	PRUPR 5495	0.00	35.00
PALAC Redomestication - FL Filing Fee			

# STATE OF ARIZONA

## DEPARTMENT OF INSURANCE

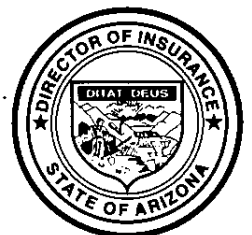
*THIS IS TO CERTIFY, THAT THIS  
INSTRUMENT IS A FULL, TRUE AND  
CORRECT COPY OF THE ORIGINAL ON  
FILE WITH THE DEPARTMENT OF  
INSURANCE OF THE STATE OF ARIZONA  
AND CONSISTS OF 1 PAGE(S)*

HEREUNTO SET MY HAND AND THE OFFICIAL SEAL OF THIS DEPARTMENT  
FOR THE DIRECTOR OF INSURANCE THIS 3 OCTOBER 2013.

  
\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

CERTIFICATE No.:

286692



# STATE OF ARIZONA

## DEPARTMENT OF INSURANCE CERTIFICATE OF AUTHORITY

I, GERMAINE L. MARKS, Director of Insurance of the State of Arizona, do hereby certify that

**PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION**  
**Domiciled in Arizona**  
**NAIC NO. 86630**

has complied with the requirements of the Arizona Revised Statutes, Title 20 and is hereby authorized, subject to the provisions thereof and the Charter Powers of said Company, to transact the following kinds of insurance business:

**DISABILITY**  
**LIFE**  
**VARIABLE ANNUITIES**  
**VARIABLE LIFE**

within the State of Arizona unless surrendered, suspended or revoked by the Director of Insurance.

In TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Director of Insurance at the City of Phoenix. The effective date of this certificate is August 31, 2013.



Germaine L. Marks  
Director of Insurance

283150

