FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837141** **(1)**

1. Corporation Name
PRUDENTIAL REINSURANCE COMPANY

Principal Place of Business	Mailing Address
3 GATEWAY CENTER NEWARK NJ 07102-4077	3 GATEWAY CENTER NEWARK NJ 07102-4077

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1976**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business
21
Suite Apt # etc
22
City & State
23
Zip: 24 **07102-4082** County: 25

2a. Mailing Address
26
Suite Apt # etc
27
City & State
28
Zip: 29 **07102-4082** County: 30

4. FEI Number: **22-2005057** ☐ 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

9. This corporation was liable for intangible tax under F.S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent or Registered Office Address, new Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	VP	11 TITLE	SRVP/CFO/Comptroller	☒ Change ☐ Addition
12 NAME	ROBERT PAUL JACOBSON	12 NAME		
13 STREET ADDRESS	3 GATEWAY CENTER	13 STREET ADDRESS		
14 CITY ST ZIP	NEWARK, NJ 0	14 CITY ST ZIP		
15 TITLE	PD	15 TITLE	CEO/P	☒ Change ☐ Addition
16 NAME	DWANE, JAMES E.	16 NAME		
17 STREET ADDRESS	3 GATEWAY CENTER	17 STREET ADDRESS		
18 CITY ST ZIP	NEWARK, NJ 0	18 CITY ST ZIP		
19 TITLE	SRVP	19 TITLE	SRVP/S	☒ Change ☐ Addition
20 NAME	MELCHIONE, JANET	20 NAME		
21 STREET ADDRESS	3 GATEWAY CENTER	21 STREET ADDRESS		
22 CITY ST ZIP	NEWARK, NJ 0	22 CITY ST ZIP		
23 TITLE	VP	23 TITLE	SRVP	☒ Change ☐ Addition
24 NAME	GALLAGHER, THOMAS J.	24 NAME		
25 STREET ADDRESS	3 GATEWAY CENTER	25 STREET ADDRESS		
26 CITY ST ZIP	NEWARK, NJ 0	26 CITY ST ZIP		
27 TITLE	C	27 TITLE		☒ Change ☐ Addition
28 NAME	ROBERT EDWARD RILEY	28 NAME		
29 STREET ADDRESS	3 GATEWAY CTR.	29 STREET ADDRESS	REMOVE AS OFFICER	
30 CITY ST ZIP	NEWARK, NJ 0 07102-4077	30 CITY ST ZIP		
31 TITLE	VPT	31 TITLE	SVP/T	☒ Change ☐ Addition
32 NAME	ARTHUR JAMES POWELL	32 NAME		
33 STREET ADDRESS	3 GATEWAY CENTER	33 STREET ADDRESS		
34 CITY ST ZIP	NEWARK, NJ 0 FL 07102-4077	34 CITY ST ZIP		

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: Grace Osborne
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grace Osborne, Assistant Comptroller 4/26/95 (201) 802-7877
Date Daytime Phone #

03MAR1 FP