

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846967

1. Entity Name

PRUDENTIAL COMMERCIAL INSURANCE COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 024 ***150.00

Principal Place of Business		Mailing Address	
23 MAIN ST HOLMDEL NJ 07733 US		23 MAIN ST HOLMDEL NJ 07733-2136 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	22-2227331	Applied For	
Zip		Country		5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE INSURANCE COMMISSIONER OF FLORIDA THE STATE CAPITOL BLDG TALLAHASSEE FL 32304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFTER, EDWARD M 111	NAME	
STREET ADDRESS	23 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLMDEL NJ 07733	CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, THOMAS W	NAME	COO Desjardou, Roger
STREET ADDRESS	213 WASHINGTON ST	STREET ADDRESS	23 Main Street
CITY-ST-ZIP	NEWARK NJ 07102	CITY-ST-ZIP	Holmdel, NJ 07733
TITLE	SS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, CARL A	NAME	
STREET ADDRESS	23 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLMDEL NJ 07733	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENCOSKI, NICHOLAS A	NAME	
STREET ADDRESS	23 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLMDEL NJ 07733	CITY-ST-ZIP	
TITLE	VPA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, LINDA A	NAME	
STREET ADDRESS	23 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLMDEL NJ 07733	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RICHARD M	NAME	
STREET ADDRESS	23 MAIN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLMDEL NJ 07733	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas A. Hencoski

Daytime Phone #

(730)
946-5426

CR2E034 (9/99)