

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848731

FILED
May 01, 2009
Secretary of State

Entity Name: PRUCO LIFE INSURANCE COMPANY

Current Principal Place of Business:

213 WASHINGTON STREET
SECOND FLOOR
NEWARK, NJ 071029992 US

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON STREET
SECOND FLOOR
NEWARK, NJ 071029992 US

New Mailing Address:

FEI Number: 22-1944557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: KAPLAN, SCOTT D
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

Title: VP () Delete
Name: ANDERSON, CHARLES E
Address: 13001 COUNTY ROAD
City-St-Zip: PLYMOUTH, MN 55442

Title: AT () Delete
Name: DELANEY, LAURA
Address: 751 BROAD ST.
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: CAMPEN, DAVID
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

Title: AC () Delete
Name: PAVLOU, JANICE
Address: 213 WASHINGTON ST.
City-St-Zip: NEWARK, NJ 07102

Title: T () Delete
Name: JACOB, BERNARD J
Address: 751 BROAD ST.
City-St-Zip: NEWARK, NJ 07102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CAMPEN

AC

05/01/2009

Electronic Signature of Signing Officer or Director

Date