

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003065 (8)

1. Corporation Name

PRUDENTIAL HEALTHCARE AND LIFE INSURANCE COMPANY  
OF AMERICA



Principal Place of Business

56 NORTH LIVINGSTON AVENUE  
ROSELAND NJ 07068-1790

Mailing Address

56 NORTH LIVINGSTON AVENUE  
ROSELAND NJ 07068-1790

3. Date Incorporated or Qualified  
06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 26 56 N Livingston Avenue

4. FEI Number

22-2864969

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 27 Stop 428, ROS 2

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 28 Roseland, NJ

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 25 29 30 07068-1790 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME LINK, WILLIAM P  
STREET ADDRESS 56 NORTH LIVINGSTON AVENUE  
CITY-ST-ZIP ROSELAND NJ 07068

TITLE PD ☐ DELETE

NAME HAVENS, SAMUEL H  
STREET ADDRESS 56 NORTH LIVINGSTON AVENUE  
CITY-ST-ZIP ROSELAND NJ 07068

TITLE DV ☐ DELETE

NAME GOLDMAN, ROY  
STREET ADDRESS 56 NORTH LIVINGSTON AVENUE  
CITY-ST-ZIP ROSELAND NJ 07068

TITLE T ☐ DELETE

NAME LEE, JOANNE M  
STREET ADDRESS 56 NORTH LIVINGSTON AVENUE  
CITY-ST-ZIP ROSELAND NJ 07068

TITLE S ☐ DELETE

NAME VEAZEY-WATSTON, CHRYSTAL  
STREET ADDRESS 751 BROAD STREET - 23 PLAZA  
CITY-ST-ZIP NEWARK NJ 07102

TITLE AS ☐ DELETE

NAME VAN DER WALL, ARLEEN K  
STREET ADDRESS FOUR GATEWAY CENTER  
CITY-ST-ZIP NEWARK NJ 07102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

800001802018  
-04/30/96--01108--034  
\*\*\*200.00

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS  
Arleen Tyndorf  
56 N Livingston Avenue  
Roseland, NJ 07068

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel H. Havens, President 4/26/96 (201) 716-8104

Date

Daytime Phone #

CR2E034 (12/95)