

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 STOP 428, ROS 2 ROSELAND NJ 07068-1733
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3. Date Incorporated or Qualified 06/26/1995	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 22-2864969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399	
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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

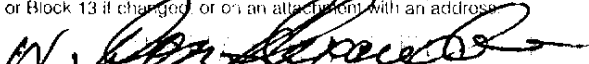
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	LINK, WILLIAM P
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE
CITY-ST-ZIP	ROSELAND NJ 07068
TITLE	PD
NAME	HAVENS, SAMUEL H
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE
CITY-ST-ZIP	ROSELAND NJ 07068
TITLE	DV
NAME	GOLDMAN, ROY
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE
CITY-ST-ZIP	ROSELAND NJ 07068
TITLE	T
NAME	LEE, JOANNE M
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE
CITY-ST-ZIP	ROSELAND NJ 07068
TITLE	S
NAME	VEAZEY-WATSTON, CHRYSTAL
STREET ADDRESS	751 BROAD STREET - 23 PLAZA
CITY-ST-ZIP	NEWARK NJ 07102
TITLE	AS
NAME	TYNDORF, ARLEEN
STREET ADDRESS	56 N LIVINGSTON AVENUE
CITY-ST-ZIP	ROSELAND NJ 07068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Edward Paul Baird
1.3 STREET ADDRESS	56 Livingston Avenue
1.4 CITY-ST-ZIP	Roseland, NJ 07068
2.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Fred Rivers
2.3 STREET ADDRESS	56 Livingston Avenue
2.4 CITY-ST-ZIP	Roseland, NJ 07068
3.1 TITLE CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gregory Winfield Scott
3.3 STREET ADDRESS	56 Livingston Avenue
3.4 CITY-ST-ZIP	Roseland, NJ 07068
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: 

4/14/97

CR2E034 (9/96)