

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 07068-1790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 22-2864969	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, EDWARD PAUL	1.2 NAME	
STREET ADDRESS	56 LIVINGSTON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, RICHARD FRED	2.2 NAME	
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, GREGORY WINFIE	3.2 NAME	
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, JOANNE M	4.2 NAME	
STREET ADDRESS	56 NORTH LIVINGSTON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 07068	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEAZEY-WATSTON, CHRYSTAL	5.2 NAME	
STREET ADDRESS	751 BROAD STREET - 23 PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK NJ 07102	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYNDORF, ARLEEN	6.2 NAME	
STREET ADDRESS	56 N LIVINGSTON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSELAND NJ 07068	6.4 CITY-ST-ZIP	

14. 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 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]*

3/6/98

CR2E034 (10/97)