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PROFIT.
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000003065

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399

81 Name

CORPORATION SERVICE COMPANY

82 Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

83

84 City

TALLAHASSEE

FL

85 Zip Code

32301

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

Anna E. Durr

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DV BAIRD, EDWARD PAUL
56 LIVINGSTON AVE
ROSELAND NJ

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P SCOTT, GREGORY WINFIE
56 NORTH LIVINGSTON AVENUE
ROSELAND NJ

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T LEE, JOANNE M
56 NORTH LIVINGSTON AVENUE
ROSELAND NJ 07068

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S VEAZEY-WATSON, CHRYSTAL
751 BROAD STREET - 23 PLAZA
NEWARK NJ 07102

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS TYNDORF, ARLEEN
56 N LIVINGSTON AVENUE
ROSELAND NJ 07068

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

973-716-5274

Date:

Daytime Phone #

0002296

CR2E034 (11/98)