

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90278 028 \*\*\*150.00

**DOCUMENT # F95000003065**

1. Entity Name  
**PRUDENTIAL HEALTHCARE AND LIFE INSURANCE COMPANY**

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
---	--

2. Principal Place of Business 290 West Mt. Pleasant Ave.	3. Mailing Address 290 West Mt. Pleasant Avenue
--	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Livingston, NJ	City & State Livingston, NJ
--------------------------------	--------------------------------

Zip 07039	Country US	Zip 07039	Country US
--------------	---------------	--------------	---------------

4. FEI Number 22-2864969	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAIRD, EDWARD PAUL 56 LIVINGSTON AVE ROSELAND NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Doreen S. Faga 290 West Mt. Pleasant Avenue Livingston, NJ 07039 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, GREGORY W 56 NORTH LIVINGSTON AVENUE ROSELAND NJ <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Donald W. Bunda 290 West Mt. Pleasant Avenue Livingston, NJ 07039 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN LEE, JOANNE 56 NORTH LIVINGSTON AVENUE ROSELAND NJ 07068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T C. Edward Chaplin 751 Broad Street Newark, NJ 07102 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VEAZEY-WATSON, CHRUSTAL 56 LIVINGSTON AVENUE ROSELAND NJ 07068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 751 Broad Street Newark, NJ 07102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TYNDORF, ARLEEN 56 N LIVINGSTON AVENUE ROSELAND NJ 07068 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Asst. T Kathleen C. Hoffman 751 Broad Street Newark, NJ 07102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur J. Powell 751 Broad Street Newark, NJ 07102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald W. Bunda 4/24/00 973 548 5976  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

74500000 3065

13009 3294

12. (Continued)

Title: D XX-Addition  
Name: Christine Knight  
Address: 290 West Mt. Pleasant Avenue  
Livingston, NJ 07039