

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34373

FILED  
Apr 09, 2011  
Secretary of State

**Entity Name:** PRAMERICA ASSET MANAGEMENT, INC.

**Current Principal Place of Business:**

PRUDENTIAL PLAZA  
751 BROAD ST  
NEWARK, NJ 07102 US

**New Principal Place of Business:**

751 BROAD ST.  
NEWARK, NJ 07102 US

**Current Mailing Address:**

213 WASHINGTON ST  
8TH FL TAX  
NEWARK, NJ 071023777 US

**New Mailing Address:**

751 BROAD ST.  
NEWARK, NJ 07102 US

**FEI Number:** 22-2550816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALLAN, RUPERT  
Address: 751 BROAD ST.  
City-St-Zip: NEWARK, NJ 07102

Title: S  
Name: LEVINE, DONALD  
Address: 1 NEW YORK PLZ  
City-St-Zip: NEW YORK, NY 10292

Title: T  
Name: MUHLHAUSER, JURGEN  
Address: 751 BROAD ST  
City-St-Zip: NEWARK, NJ 07102

Title: VP D  
Name: BYRNE, RYAN K  
Address: 1 NEW YORK PLZ  
City-St-Zip: NEW YORK, NY 10292 US

Title: D  
Name: KENNEDY, KEVIN G  
Address: 1 NEW YORK PLZ  
City-St-Zip: NEW YORK, NY 10292

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARETH JEFFERS

POA

04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date