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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

PRUDENTIAL NATIONAL INSURANCE COMPANY

DOCUMENT #
P36622 (9)

Mailing Address	Principal Place of Business
3 GATEWAY CENTER NEWARK NJ 07102-0477	3 GATEWAY CENTER NEWARK NJ 07102-0477

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified: 12/11/1991	3a. Date of Last Report: 05/01/1994		
2. Mailing Address (21)	2a. Principal Place of Business (26)	4. FEI Number: 22-2680372	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired: $8.75 ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
Zip (24) / Country (25)	Zip (29) / Country (30)	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	C/D	11 TITLE	C/D
12 NAME	~~DWANE, JAMES E~~	12 NAME	Taranto, Joseph Victor
13 STREET ADDRESS	3 GATEWAY CENTER	13 STREET ADDRESS	3 Gateway Center
14 CITY-ST-ZIP	NEWARK NJ	14 CITY-ST-ZIP	Newark, NJ
21 TITLE	P/D	21 TITLE	
22 NAME	BOCCITTO, BONNIE L.	22 NAME	
23 STREET ADDRESS	3 GATEWAY CENTER	23 STREET ADDRESS	
24 CITY-ST-ZIP	NEWARK NJ	24 CITY-ST-ZIP	
31 TITLE	V/D	31 TITLE	100000147655 11
32 NAME	PELOSO, JOSEPH	32 NAME	-105704795--011132--005
33 STREET ADDRESS	3 GATEWAY CENTER	33 STREET ADDRESS	****200.00 ****200.00
34 CITY-ST-ZIP	NEWARK NJ	34 CITY-ST-ZIP	
41 TITLE	~~V~~	41 TITLE	
42 NAME	~~ROBUSTELLI-LUCIANI V.~~	42 NAME	
43 STREET ADDRESS	~~3 GATEWAY CENTER~~	43 STREET ADDRESS	
44 CITY-ST-ZIP	~~NEWARK NJ~~	44 CITY-ST-ZIP	
51 TITLE	S	51 TITLE	
52 NAME	MELCHIONE, JANET BURAK	52 NAME	
53 STREET ADDRESS	3 GATEWAY CENTER	53 STREET ADDRESS	
54 CITY-ST-ZIP	NEWARK NJ	54 CITY-ST-ZIP	
61 TITLE	~~T~~	61 TITLE	T
62 NAME	~~CHEW, MAURICE~~	62 NAME	Powell, Arthur James Jr.
63 STREET ADDRESS	~~3 GATEWAY CENTER~~	63 STREET ADDRESS	3 Gateway Center
64 CITY-ST-ZIP	~~NEWARK NJ~~	64 CITY-ST-ZIP	Newark, NJ

AP 5/11

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Joseph Peloso 4/28/95 (201) 802-4509
SIGNATURE of Officer or Director NAME of Officer or Director Date Daytime Phone #