


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P36622 (9) 1. Corporation Name PRUDENTIAL NATIONAL INSURANCE COMPANY Everest		700001840827 -05/28/96--01033--041 ***200.00	
Principal Place of Business 3 GATEWAY CENTER NEWARK NJ 07102-0477		Mailing Address 3 GATEWAY CENTER NEWARK NJ 07102-0477	
		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 07102-4082		3a. Date of Last Report 04/20/1994-5/1/95 3. Date Incorporated or Qualified 12/11/1991 4. FEI Number 22-2660372 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 07102-4082		30 Country 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City 35 Zip Code FL	
9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City 35 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD DWANE, JAMES E. 3 GATEWAY CENTER NEWARK NJ	1. TITLE	C/D/P Taranto, Joseph Victor 3 Gateway Center Newark, NJ 07120-4082
TITLE	PD BOCCITTO, BONNIE L. 3 GATEWAY CENTER NEWARK NJ	2. TITLE	
TITLE	VD PELOSO, JOSEPH 3 GATEWAY CENTER NEWARK NJ	3. TITLE	VD Patrick Anthony Hunt 3 Gateway Center Newark, NJ 07102-4082
TITLE	V ROBUSTELLI, LUCIAN V. 3 GATEWAY CENTER NEWARK NJ	4. TITLE	D Gallagher, Thomas James 3 Gateway Center Newark, NJ 07102-4082
TITLE	S MELCHIONE, JANET BURAK 3 GATEWAY CENTER NEWARK NJ	5. TITLE	
TITLE	T CHEW, MAURICE 3 GATEWAY CENTER NEWARK NJ	6. TITLE	T Stephen Lydon Limauro 3 Gateway Center Newark, NJ 07102-4082
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)(k), 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: Patrick A. Hunt <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/96 <small>Date</small>	
		201-802-8280 <small>Daytime Phone #</small>	