2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2020
Secretary of State
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Entity Name: PRUDENTIAL ANNUITIES LIFE ASSURANCE CORPORATION

Current Principal Place of Business:

J. MICHAEL LOW, KUTAK ROCK LLP
8601 NORTH SCOTTSDALE RD., SUITE 300
SCOTTSDALE, AZ 85253-2738

Current Mailing Address:

J. MICHAEL LOW, KUTAK ROCK LLP
8601 NORTH SCOTTSDALE RD., SUITE 300
SCOTTSDALE, AZ 85253-2738 US

FEI Number: 06-1241288

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: CT CORPORATION SYSTEM 06/12/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	WOODS, CANDACE J
Address	751 BROAD ST, 21ST FLOOR
City-State-Zip:	NEWARK NJ 07102

Title	DIRECTOR
Name	MONGIA, NANDINI
Address	3 GATEWAY CENTER
City-State-Zip:	NEWARK NJ 07102

Title	DIRECTOR
Name	FEENEY, CAROLINE A
Address	213 WASHINGTON ST.
City-State-Zip:	NEWARK NJ 07102

Title	CONTROLLER
Name	HSU, JOSEPH
Address	J. MICHAEL LOW, KUTAK ROCK LLP 8601 NORTH SCOTTSDALE RD., SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85253-2738

Title	DIRECTOR
Name	TYSON, DYLAN J
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	DIRECTOR
Name	MANN, SUSAN M
Address	J. MICHAEL LOW, KUTAK ROCK LLP 8601 NORTH SCOTTSDALE RD., SUITE 300
City-State-Zip:	SCOTTSDALE AZ 85253-2738

Title	ASSISTANT SECRETARY
Name	PALEN, MAGGIE
Address	751 BROAD ST.,21ST FLOOR
City-State-Zip:	NEWARK NJ 07102

Title	TREASURER
Name	MONGIA, NANDINI
Address	3 GATEWAY CENTER
City-State-Zip:	NEWARK NJ 07102

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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: MAGGIE PALEN ASSISTANT SECRETARY 06/12/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	STONE, LYNN
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484

Title	PRESIDENT
Name	TYSON, DYLAN J
Address	1 CORPORATE DRIVE
City-State-Zip:	SHELTON CT 06484