

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12054

Entity Name: PRESIDENTIAL LIFE INSURANCE COMPANY - USA**Current Principal Place of Business:**69 LYDECKER STREET
NYACK, NY 10960**Current Mailing Address:**69 LYDECKER STREET
NYACK, NY 10960 US**FEI Number:** 95-2496321**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLEMAN, LYNETTE
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** LYNETTE COLEMAN

06/11/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, CEO
Name BELARDI, JAMES R
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

Title DIRECTOR, PRESIDENT
Name SMITH, GUY H III
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name SIDDIQUI, IMRAN
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name MICHELINI, MATTHEW R
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name BLACK, JOSHUA M
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

Title ASSISTANT TREASURER
Name KAHN, ANDREW
Address 69 LYDECKER STREET
City-State-Zip: NYACK NY 10960

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: ANDREW KAHN**ASSISTANT TREASURER** 06/11/2013

Electronic Signature of Signing Officer/Director Detail

Date