

1.) CORPORATION NAME:

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0001075**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 751 Broad Street

CITY/ST/ZIP: NEWARK, NJ 07102

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: JOHN R STRANGFELD TITLE: CEO/PRES/CHAIR ADDRESS: 751 BROAD ST, PLAZA, 24 CITY/ST/ZIP/CO: NEWARK, NJ 07102-3714</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARGARET M FORAN TITLE: SECRETARY ADDRESS: 751 BROAD ST, PLAZA, 21 CITY/ST/ZIP/CO: NEWARK, NJ 07102-3714</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN M CAFIERO TITLE: ASST SECRETARY ADDRESS: 751 BROAD ST, PLAZA, 21 CITY/ST/ZIP/CO: NEWARK, NJ 07102-3714</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT M FALZON TITLE: VICE PRESIDENT ADDRESS: 751 BROAD ST, PLAZA, 23 CITY/ST/ZIP/CO: NEWARK, NJ 07102-3714</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS JEREMIAH BALTIMORE TITLE: DIRECTOR ADDRESS: 751 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GORDON M BETHUNE TITLE: DIRECTOR ADDRESS: 751 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: GASTON CAPERTON TITLE: DIRECTOR ADDRESS: 751 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GILBERT FRANK CASELLAS TITLE: DIRECTOR ADDRESS: 751 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MINA C BAILEY TITLE: ASST SECRETARY ADDRESS: 751 BROAD ST, PLAZA, 21 CITY/ST/ZIP/CO: NEWARK, NJ 07102-3714	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MINA C BAILEY	MINA C BAILEY,	12/29/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		