

1.) CORPORATION NAME:

**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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: ROBERT M FALZON TITLE: CFO/EVP 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: MINA C BAILEY 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: 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: 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: 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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORDON M. BETHUNE DIRECTOR 751 BROAD STREET NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GASTON CAPERTON DIRECTOR 751 BROAD STREET NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GILBERT FRANK CASELLAS DIRECTOR 751 BROAD STREET NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH Y TANJI SVP/TREASURER 751 BROAD ST, PLAZA, 23 NEWARK, NJ 07102-3714	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<b>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.</b>			
/s/ MINA C BAILEY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MINA C BAILEY, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	12/19/2013 _____ 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.			