

1.) CORPORATION NAME:

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

DUE DATE: **1/31/2015**

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
21ST FLOOR

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.

NAME:	JOHN R STRANGFELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/PRES/CHAIR		
ADDRESS:	751 BROAD ST, PLAZA, 24		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		
NAME:	KENNETH Y TANJI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/TREASURER		
ADDRESS:	751 BROAD ST, PLAZA, 23		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		
NAME:	MINA C BAILEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	751 BROAD ST, PLAZA, 21		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		
NAME:	JOHN M CAFIERO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	751 BROAD ST, PLAZA, 21		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		
NAME:	ROBERT M FALZON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/EVP		
ADDRESS:	751 BROAD ST, PLAZA, 23		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		
NAME:	MARGARET M FORAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	751 BROAD ST, PLAZA, 21		
CITY/ST/ZIP/CO:	NEWARK, NJ 07102-3714		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS JEREMIAH BALTIMORE DIRECTOR 751 BROAD STREET NEWARK, NJ 07102	<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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MINA C BAILEY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/6/2015 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.			