STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
Filing Fee: $50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation		
25743	Prudential Equity Group, Inc.		
3. Principal office address: 100 Mulberry St, Gateway Four, 3rd Floor	City: Newark	State: NJ	Zip: 07102
4. Business Phone No.	5. State of Incorporation: Delaware		
6. Brief description of the character of business conducted in Rhode Island: Insurance related activities			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	Julia A. Herbert	100 Mulberry St, Gateway Four, 3rd Floor	Newark	NJ	07102
	Vice-President Name	Street Address	City	State	Zip
	Brian F. Cloonan	100 Mulberry St, Gateway Three, 7th Floor	Newark	NJ	07102
	Secretary Name	Street Address	City	State	Zip
	John L. Bronson	751 Broad Street, Plaza, 14th Floor	Newark	NJ	07102
	Treasurer Name	Street Address	City	State	Zip
	Kevin C. Buckley	751 Broad Street, Plaza, 23rd Floor	Newark	NJ	07102

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	Lynn Chmura	100 Mulberry Street, Gateway Three, 7th Floor	Newark	NJ	07101
	Director Name	Street Address	City	State	Zip
	Julia A. Herbert	100 Mulberry St, Gateway Four, 3rd Floor	Newark	NJ	07102
	Director Name	Street Address	City	State	Zip
	Jeanette Pollock	100 Mulberry Street, Gateway Four, 3rd Floor	Newark	NJ	07102
	Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
none		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy Snowden 6-11-14
Signature of Authorized Representative — Date

Nancy Snowden
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 12 2014
By 2262886
A.A. 3:55 p.m.

Form No. 630
Revised: 01/2012

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SECRETARY OF STATE
CORPORATIONS DIV

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