



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 **2008**

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. 25743		2. Exact name of the Corporation 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 Julia A. Herbert			Vice-President Name Brian F. Cloonan		
Street Address 100 Mulberry St, Gateway Four, 3rd Floor			Street Address 100 Mulberry St, Gateway Three, 7th Floor		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
Secretary Name John L. Bronson			Treasurer Name Kevin C. Buckley		
Street Address 751 Broad Street, Plaza, 14th Floor			Street Address 751 Broad Street, Plaza, 23rd Floor		
City Newark	State NJ	Zip 07102	City Newark	State NJ	Zip 07102
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Lynn Chmura			Director Name Julia A. Herbert		
Street Address 100 Mulberry Street, Gateway Three, 7th Floor			Street Address 100 Mulberry St, Gateway Four, 3rd Floor		
City Newark	State NJ	Zip 07101	City Newark	State NJ	Zip 07102
Director Name Jeanette Pollock			Director Name		
Street Address 100 Mulberry Street, Gateway Four, 3rd Floor			Street Address		
City Newark	State NJ	Zip 07102	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			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.

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

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

FILED

JUN 12 2014

By 226286
A.A. 3:53 p.m.