

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 Address: 280 Trumbull Street City: Hartford
 State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Christine Middle: Marie Last: Moritz

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: CPA

4. Affiant's business address: 8515 E. Orchard Road Greenwood Village, CO 80111

Business telephone: 303-737-2126 Business Email: christine.moritz@empower-retirement.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Univ of Texas	Austin, TX	09/94 - 05/99	Bachelors, Business Administration

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Accounting	Univ of Texas	Austin, TX	09/97 - 05/99	Masters, Professional Accounting

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

None

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Colorado Society of CPAs</u>		<u>7887 E Belleview Ave #200 Englewood, CO 80111</u>	<u>303-773-2877</u>

7. Present or proposed position with the Applicant Company: President and Chief Executive Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 12/03 - current Employer's Name: Empower Retirement, LLC / Great-West Life & Annuity Insurance Company
Address: 8515 E. Orchard Road City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-2126 Offices/Positions Held: SVP & CFO, Empower Retirement, VP, FP&A
Type of Business: Financial/Retirement Services Supervisor/Contact: Andra Bolotin

Beginning/Ending Dates (MM/YY): 10/00 - 12/03 Employer's Name: Pricewaterhouse Coopers
Address: 1900 16th Street #1600 City: Denver State/Province: CO
Country: USA Postal Code: 80202 Phone: 720-931-7000 Offices/Positions Held: Audit Senior
Type of Business: Accounting Firm Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 09/99 - 10/00 Employer's Name: Pricewaterhouse Coopers
Address: 2001 Ross Ave #1800 City: Dallas State/Province: TX
Country: USA Postal Code: 75201 Phone: 214-999-1400 Offices/Positions Held: Audit Associate
Type of Business: Accounting Firm Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: See Attachment
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

CPA License State of CO, Dept. Regulatory Agencies
Organization/Issuer of License: _____ Address: 1560 Broadway #1350
City: Denver State/Province: CO Country: USA Postal Code: 80202
License Type: C.P.A. License #: 0021970 Date Issued (MM/YY): 10/02
Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10 day of January 2022 at Empower Greenwood Village I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

x I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Christine M
(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 10th day of January, 2022 by Christine Moritz, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

ALYSSA MELTON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20204006431
MY COMMISSION EXPIRES 02/14/2024

Alyssa Melton
Notary Public
Alyssa Melton
Printed Notary Name
02/14/2024
My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Advised Assets Group, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 08/23/2018

First Elected: 08/23/2018

Last Elected: 05/19/2021

Manager 08/14/2018

First Elected: 08/14/2018

Last Elected: 08/14/2018

Empower Insurance Agency, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/01/2018

First Elected: 10/01/2018

Last Elected: 10/01/2018

Empower Retirement, LLC Audit Committee 8515 E. Orchard Road Greenwood Village, CO 80111

Committee Member 09/07/2016

First Elected: 09/07/2016

Last Elected: 09/12/2018

Great West Global Business Services India Private Limited Embassy Tech Village SEZ, 1st Floor, Block 2A, Building West Tower, Devarabisanahalli, Agrahara Village, Varthur Hobli, Outer Ring Road, Bengaluru – 560103 Karnataka, India.

Director 03/09/2018

First Elected: 03/09/2018

Last Elected: 03/09/2018

Great West Capital Management, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Manager 08/14/2018

First Elected: 08/14/2018

Last Elected: 08/14/2018

Great West Financial Retirement Plan Services, LLC 11500 Outlook St. Overland Park, KS 66211

Vice President & Treasurer 09/02/2014

First Elected: 09/02/2014

Last Elected: 08/14/2018

Great West Life & Annuity Insurance Company (an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111

Senior Vice President and Chief Financial Officer, Empower Retirement 07/27/2016

First Elected: 07/27/2016

Last Elected: 07/26/2021

Personal Capital Corporation 3 Laggan Drive #200 Redwood City, CA 94065

Director 09/15/2020

First Elected: 09/15/2020

Last Elected: 09/15/2020



Signature of Affiant

1-10-2022

Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 NAIC No.: 93629 FEIN: 06-1050034

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 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 Address: 280 Trumbull Street, H-17A City: Hartford
 State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Harry Middle: Arthur Last: Dalessio

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Head of Retirement Plan Services

4. Affiant's business address: 280 Trumbull Street H-17A, Hartford, CT 06103

Business telephone: 860-534-3397 Business Email: harry.dalessio@prudential.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Providence College	Providence, RI	09/85 - 08/89	BA Economics

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	Fordham University	Bronx, NY	09/95 - 12/97	MBA

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
The Spark Institute	Marlene Jung	9 Phelps Road, Simsbury, CT 06070	860-658-5058
Bushnell Center for Performing Arts	Betsey Tucker	166 Capitol Ave, Hartford, CT 06106	860-987-6000
No Barriers USA	David Shurna	224 Canyon Ave, Fort Collins, CO 80521	970-484-3633

7. Present or proposed position with the Applicant Company: Head of Retirement Plan Services

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 04/04 - Present Employer's Name: Prudential Financial, Inc.

Address: 280 Trumbull Street, H-17A City: Hartford State/Province: CT

Country: USA Postal Code: 06103 Phone: 860-534-3397 Offices/Positions Held: Vice President

Type of Business: Financial Services Supervisor/Contact: Yanela Frias

Beginning/Ending Dates (MM/YY): 10/89 - 04/04 Employer's Name: CIGNA Retirement & Investment Services

Address: 4 Times Square City: New York State/Province: NY

Country: USA Postal Code: 10036 Phone: _____ Offices/Positions Held: VP Sales

Type of Business: Financial Services Supervisor/Contact: David Castellani

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: FINRA Address: 1735 K Street NW
City: Washington State/Province: DC Country: USA Postal Code: 20006
License Type: FINRA Series 7, 24, 26, 63 License #: 1584134 Date Issued (MM/YY): 01/1996
Date Expired (MM/YY): N/A Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: State of CT Insurance Producer Address: P.O. Box 816
City: Hartford State/Province: CT Country: USA Postal Code: 06142
License Type: Life, Variable Annuity License #: 1052824 Date Issued (MM/YY): 12/2004
Date Expired (MM/YY): N/A Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. _____

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. _____

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12 day of January 20 22 at 280 Turnbull St. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]

(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 12 day of January 20 22 by Henry Salessi and: who is personally known to me, or who produced the following identification: _____

[SEAL]

[Signature]
Notary Public
Shelly-Ann Fearon
Printed Notary Name
September 30, 2026
My Commission Expires

SHELLY-ANN FEARON
NOTARY PUBLIC
My Commission Expires Sept. 30, 2026

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

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Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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Address: 8515 E. Orchard Road City: Greenwood Village
State/Province: CO Postal Code: 80111 Phone: 303-737-3000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jerome Middle: John Last: Selitto

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: President - Mortgage Company

4. Affiant's business address: 459 Broadway, New York, NY 10013

Business telephone: 856-979-2899 Business Email: jselitto@better.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University South Florida	Tampa, FL	09/68-06/71	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Banking Course	Storrs, CT	06/73-07-73	None - Univ of Conn

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 04/15 - Present Employer's Name: Better Mortgage
Address: 459 Broadway City: New York State/Province: NY
Country: USA Postal Code: 10013 Phone: 856-879-0289 Offices/Positions Held: President
Type of Business: Mortgage Supervisor/Contact: Co-founder

Beginning/Ending Dates (MM/YY): 10/09 - 01/12 Employer's Name: PHH Corporation
Address: 3000 Leaderhall Rd City: Mt Laurel State/Province: NJ
Country: USA Postal Code: 08054 Phone: 856-977-1744 Offices/Positions Held: CEO
Type of Business: Mortgage Supervisor/Contact: None

Beginning/Ending Dates (MM/YY): 01/05 - 09/09 Employer's Name: The Astor Group
Address: 233 E Walton City: Chicago State/Province: IL
Country: USA Postal Code: 60611 Phone: closed Offices/Positions Held: Co-founder
Type of Business: financial service consultant Supervisor/Contact: None

Beginning/Ending Dates (MM/YY): 2000 - 2005 Employer's Name: Deep Green Bank/Finance
Address: _____ City: _____ State/Province: OH
Country: US Postal Code: _____ Phone: _____ Offices/Positions Held: Founder & CEO
Type of Business: Mortgage Supervisor/Contact: none

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: None

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: NMLS Address: Mortgage NationwideLicensingSystem.Org

City: N/A State/Province: N/A Country: USA Postal Code: N/A

License Type: principal loan officer License #: 33501 Date Issued (MM/YY): 10/16

Date Expired (MM/YY): current Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 19th day of Aug. 20 21 at Phila. PA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

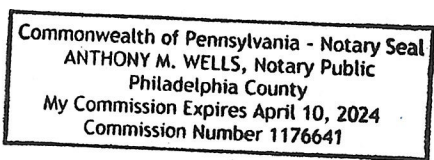
[Signature]

(Signature of Affiant)

State of: PA County of: Phila

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 19th day of Aug, 2021 by Became John Scitto and: who is personally known to me, or who produced the following identification: PA Drivers License.

[SEAL]



Anthony M Wells

Notary Public
Anthony M Wells

Printed Notary Name
04/10/2024

My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

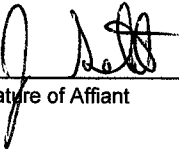
Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Beginning/Ending Dates (MM/YY): 07/20- present Employer's Name: Empower Retirement, LLC
Address: 8515 E. Orchard Road City: Greenwood Village State/Province: CO Country: USA Postal Code: 80111
Phone: 303-737-3000 Offices/Positions Held: Director
Type of Business: Financial Services Supervisor/Contact: Jeffrey Orr

Beginning/Ending Dates (MM/YY): 05/12 - 05/21 Employer's Name: Great-West Lifeco Inc.
Address: 100 Osborne Street North City: Winnipeg State/Province: Manitoba Country: Canada Postal Code: R3C 1V3
Phone: 204-946-1190 Offices/Positions Held: Director
Type of Business: Financial Services Holding Company Supervisor/Contact: Jeffrey Orr

Beginning/Ending Dates (MM/YY): 07/13 - 07/20 Employer's Name:GWL&A Financial Inc.
Address: 8515 E. Orchard Road City: Greenwood Village State/Province: CO Country: USA Postal Code: 80111
Phone: 303-737-3000 Offices/Positions Held: Director
Type of Business: Financial Services Holding Company Supervisor/Contact: Jeffrey Orr



Signature of Affiant Date

1

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 Address: 280 Trumbull Street City: Hartford
 State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: David Last: Kreider

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Investment Management

4. Affiant's business address: 8515 E Orchard Road, Greenwood Village, CO 80111

Business telephone: 303.737.0058 Business Email: jonathan.kreider@greatwest.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Colorado</u>	<u>Boulder, CO</u>	<u>08/01-12/04</u>	<u>BSBA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>University of Colorado at Denver</u>	<u>Denver, CO</u>	<u>08/05-05/08</u>	<u>MBA</u>

Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>CFA Institute</u>	<u>n/a</u>	<u>915 E High St, Charlottesville, VA 22902</u>	<u>434.977.0437</u>
<u>CFA Society of Colorado</u>	<u>n/a</u>	<u>12011 Tejon St, Westminster, CO 80234</u>	<u>303.537.2988</u>

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 08/12 - Present Employer's Name: Empower Retirement

Address: 8515 E Orchard Road City: Greenwood Village State/Province: CO

Country: USA Postal Code: 80111 Phone: 303.737.1655 Offices/Positions Held: SVP, Head of Great-West Investments

Type of Business: Financial Services Supervisor/Contact: Edmund Murphy

Beginning/Ending Dates (MM/YY): 05/10 - 08/12 Employer's Name: JDL Consultants, LLC

Address: 41 Glen Avon Dr City: Riverside State/Province: CT

Country: USA Postal Code: 06878 Phone: 203.698.3300 Offices/Positions Held: Management Consulting Associate

Type of Business: Management Consulting Supervisor/Contact: J. David Lynn

Beginning/Ending Dates (MM/YY): 01/05 - 05/10 Employer's Name: Lipper, Inc.

Address: 3 Times Square, Floor 17 City: New York State/Province: NY

Country: USA Postal Code: 10036 Phone: _____ Offices/Positions Held: Research Analyst

Type of Business: Investment Data Provider Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 06/97 - 08/09 Employer's Name: Casa Casa, LLC

Address: 1560 Big Thompson Avenue City: Estes Park State/Province: CO

Country: USA Postal Code: 80517 Phone: _____ Offices/Positions Held: Manager, Server, Bartender, etc.

Type of Business: Restaurant Supervisor/Contact: _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: FINRA Address: 1735 K Street, NW
City: Washington State/Province: DC Country: USA Postal Code: 20006
License Type: Series 6, 63, 26 License #: 6113947 Date Issued (MM/YY): 02/15, 02/15, 03/15
Date Expired (MM/YY): n/a Reason for Termination: n/a

Non-Insurance Regulatory Phone Number (if known): 301.590.6500
Organization/Issuer of License: FINRA Address: 1735 K Street, NW
City: Washington State/Province: DC Country: USA Postal Code: 20006
License Type: Series 65 License #: 6113947 Date Issued (MM/YY): 09/12
Date Expired (MM/YY): 03/15 Reason for Termination: Internal job transfer
Non-Insurance Regulatory Phone Number (if known): 301.590.6500

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

n/a

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

I have served as Director and Officer of companies that may have received fines in the ordinary course of business.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 13 day of JANUARY 20 22 at MILWAUKEE, WI. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

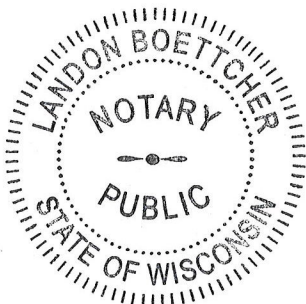
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.


(Signature of Affiant)

State of: Wisconsin County of: Milwaukee

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 13 day of January, 2022 by Jonathan Kreider, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Landon Boettcher
Notary Public
Landon Boettcher
Printed Notary Name
02/25/2022
My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:


Great West Capital Management, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
President & Chief Executive Officer 02/12/2020
First Elected: 02/12/2020
Last Elected: 04/16/2021
Manager 02/12/2020
First Elected: 02/12/2020
Last Elected: 02/12/2020

Great West Funds, Inc. 8515 E. Orchard Road Greenwood Village, CO 80111
President & Chief Executive Officer 02/12/2020
First Elected: 02/12/2020
Last Elected: 04/07/2021
Director 02/12/2020
First Elected: 02/12/2020
Last Elected: 02/12/2020

Great West Life & Annuity Insurance Company (an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111
Senior Vice President and Head of Great West Investments 07/29/2020
First Elected: 07/29/2020
Last Elected: 07/26/2021

Great West Life & Annuity Insurance Company of New York 370 Lexington Ave Suite 703 New York, NY 10017
Senior Vice President and Head of Great West Investments 10/28/2020
First Elected: 10/28/2020
Last Elected: 10/28/2020

GWL Realty Advisors U.S., Inc. 1099 18th Street, Suite 2900 Denver, CO 80202
Director 03/06/2020
First Elected: 03/06/2020
Last Elected: 03/06/2020



Signature of Affiant

1/13/2022
Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 Address: 280 Trumbull Street City: Hartford
 State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Mary Middle: Carol Last: Maiers

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: VP Finance - Investments & Global Middle Office

4. Affiant's business address: 8515 E. Orchard Road Greenwood Village, CO 80111

Business telephone: 303-737-4743 Business Email: mary.maiers@empower-retirement.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Northern Iowa	Cedar Falls, Iowa	08/86-05/90	BA Accounting

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Colorado Society of CPAs</u>	<u>Pamela Galey-Coleman</u>	<u>7887 E. Belleview Englewood Co</u>	<u>303-773-2877</u>
<u>AICPA</u>		<u>220 Leigh Farm Rd Durham NC</u>	<u>888-777-7077</u>

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/20 - PRESENT Employer's Name: Empower Retirement LLC
Address: 8515 E. Orchard Rd City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-3000 Offices/Positions Held: VP Finance- Investments and Global Middle Office
Type of Business: Insurance Supervisor/Contact: Kara Roe

Beginning/Ending Dates (MM/YY): 05/96 - 12/19 Employer's Name: Great-West Life & Annuity
Address: 8515 E. Orchard Rd City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-3000 Offices/Positions Held: VP Investment Operations; AVP Investment Operatios
Type of Business: Insurance Supervisor/Contact: Kara Roe

Beginning/Ending Dates (MM/YY): 05/05 - 04/21 Employer's Name: GW Capital Management
Address: 8515 E. Orchard Rd City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-3000 Offices/Positions Held: CFO & Treasurer
Type of Business: Registered Investment Adviser Supervisor/Contact: Kara Roe

Beginning/Ending Dates (MM/YY): 05/05 - 4/21 Employer's Name: Great-West Funds
Address: 8515 E Orchard Rod City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-3000 Offices/Positions Held: CFO & Treasurer
Type of Business: Mutual Fund Company Supervisor/Contact: Kara Roe

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: CO Dept of Regulatory Agencies Address: 1560 Broadway Suite 110
City: Denver State/Province: CO Country: USA Postal Code: 80202
License Type: CPA License #: CPA.0014979 Date Issued (MM/YY): 12/21
Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): 303-894-7855

Organization/Issuer of License: FINRA Address: 1735 K Street NW
City: Washington State/Province: DC Country: USA Postal Code: 20006
License Type: Series 27 License #: CRD 4468209 Date Issued (MM/YY): 08/02
Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): 800-289-9999 (Broker Check)

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 14 day of January, 20 22 at Lone Tree Colorado I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

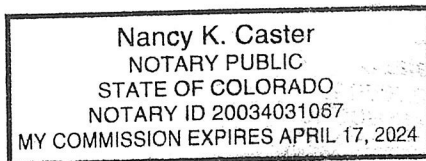
Mary Maers

(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 14 day of January, 20 22 by Mary Maers, and: who is personally known to me, or who produced the following identification: _____

[SEAL]



Nancy K. Caster

Notary Public
Nancy K. Caster

Printed Notary Name
April 17, 2024

My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Empower Finance 2020 A, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 08/24/2020 First Elected: 08/24/2020 - 12/21

Director 08/24/2020 First Elected: 08/24/2020 - 12/21

Empower Securities Holdings, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/21/2021 First Elected: 10/21/2021 Last Elected: 10/21/2021

Great West Investors GP Inc. 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors Holdco Inc. 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Investors LP Inc. 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019

First Elected: 10/15/2019 -- 12/21

Great West Lifeco Finance (Delaware) LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Lifeco Finance 2017, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21

Director 11/12/2019 First Elected: 11/12/2019 - 12/21

Great West Lifeco Finance 2018 II, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Lifeco Finance 2018, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 10/15/2019 First Elected: 10/15/2019 - 12/21

Manager 10/15/2019 First Elected: 10/15/2019 - 12/21

Great West Lifeco US Finance 2019 II, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21

Director 11/12/2019 First Elected: 11/12/2019 - 12/21

Great West Lifeco US Finance 2019, LLC 8515 E. Orchard Road Greenwood Village, CO 80111

Treasurer 11/12/2019 First Elected: 11/12/2019 - 12/21

Director 06/26/2020 First Elected: 06/26/2020 - 12/21



Signature of Affiant



Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

GW Lifeco US Finance 2020 30 Year, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21

GW Lifeco US Finance 2020 Holdco, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21
Director 06/26/2020 First Elected: 06/26/2020 - 12/21

GW Lifeco US Finance 2020, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
Treasurer 06/26/2020 First Elected: 06/26/2020 - 12/21
Director 06/26/2020 First Elected: 06/26/2020 - 12/21

GWL&A Financial Inc. (also an Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President, Investment Operations 07/27/2016 First Elected: 07/27/2016 Last Elected: 07/25/2018

The Canada Life Assurance Company (US Branch) 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President, Investment Operations, U.S. Operations 05/23/2016
First Elected: 05/23/2016 Last Elected: 10/06/2017

The Great West Life Assurance Company (US Branch) 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President, Investment Operations, U.S. Operations 05/23/2016
First Elected: 05/23/2016 Last Elected: 10/06/2017
Merged into CLAC 01/01/2020

GWFS Equities, Inc. 8515 E. Orchard Rd. Greenwood Village, CO 80111
Financial Operations Principal 2012 - Present
Broker-Dealer

Greenwood Investments 8515 E. Orchard Road Greenwood Village, CO 80111
Financial Operations Principal 2002-2006
Broker-Dealer


Canada Life of America Financial Services Inc 8515 E. Orchard Road Greenwood Village, CO 80111
Financial Operations Principal 2003-2005
Broker Dealer

Great-West Trust Company & Collective Investment Trusts 8515 E. Orchard Road Greenwood Village CO 80111
Treasurer 2012 - 2021
Trust Company

GWL&A Financial Inc Employees' and Agents' Pension Benefits Plan
Canada Life Assurance Company United States Consolidated Pension Plan
Empower Retirement LLC 401k Savings Plan
Empower Retirement LLC 1081(k) Savings Plan
8515 E. Orchard Road Greenwood Village, CO 80111
Trustee 2014 - Present



Signature of Affiant



Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not Applicable Other: Not Applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Residuary Trust

Address: 759 Square Victoria, Suite 520

City: Montreal

State/Province: Quebec, Canada

Postal Code: H2Y 2J7

Phone: 514-281-3385

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michel Middle: Middle Name Last: Plessis-Bélair

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Canada

3. Affiant's occupation or profession: Vice Chairman, Power Corporation of Canada

4. Affiant's business address: 751 Square Victoria, Montréal, QC, H2Y 2J3

Business telephone: 514-286-7436

Business email: Plessis-belair@powercorp.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>Columbia University</u>	<u>New York, NY</u>	<u>Obtained in 06/1967</u>	<u>MBA, Finance</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Université de Montréal</u>	<u>HEC</u>	<u>Montreal, QC</u>	<u>Obtained in 06/1965</u>	<u>L. Sc. Comm.</u>
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
<u>Collège Jean-de-Brébeuf</u>	<u>Montréal, QC</u>	<u>Obtained in 06/1962</u>	<u>BA</u>	

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Name of Soc. Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc. Assoc.</u>	<u>Telephone No. of Soc. Assoc.</u>
<u>Name of Soc. Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc. Assoc.</u>	<u>Telephone No. of Soc. Assoc.</u>
<u>Name of Soc. Assoc.</u>	<u>Contact Name</u>	<u>Address of Soc. Assoc.</u>	<u>Telephone No. of Soc. Assoc.</u>

7. Present or proposed position with the Applicant Company: Trustee

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 05/08- Today Employer's Name: Power Corporation of Canada

Address: 751 Square Victoria City: Montréal State/Province: Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Vice Chairman

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/96- 05/08 Employer's Name: Power Corporation of Canada

Address: 751 Square Victoria City: Montréal State/Province: Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Vice Chairman and CFO

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/97- 05/08 Employer's Name: Power Financial Corporation

Address: 751 Square Victoria City: Montréal State/Province: Quebec

Country: Canada Postal Code: H2Y 2J3 Phone: 514-286-7436 Offices/Positions Held: Executive Vice President and CFO

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): MMYY- MMY Y Employer's Name: Employer's Name

Address: Address City: City State/Province: State Province

Country: Country Postal Code: Postal Code Phone: Phone Offices/Positions Held: Office Position

Type of Business: Type of Business Supervisor/Contact: Supervisor Contact

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Give Details

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Give Details

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Question 10 Give Details

Organization/Issuer of License: L'Ordre des CPA du Québec

Address: 5 Place Ville Marie, bureau 800

City: Montréal

State/Province: Québec

Country: Canada

Postal Code: H3B 2G2

License Type: C.A. (1967) & F.C.A. (1989)

License #: A101356

Date Issued (MM/YY): 1967 & 1989

Date Expired (MM/YY): 2018

Reason for Termination: Retirement

Non-Insurance Regulatory Phone Number (if known): Phone Number

Organization/Issuer of License: Org Issuer License

Address: Address

City: City

State/Province: State Province

Country: Country

Postal Code: Postal Code

License Type: License Type

License #: License #

Date Issued (MM/YY): MM YY

Date Expired (MM/YY): MM YY

Reason for Termination: Reason for Termination

Non-Insurance Regulatory Phone Number (if known): Phone Number

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

If yes, provide details including dates, locations, dispositions, etc.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person

None

If any of the stock is pledged or hypothecated in any way, give details. Give details if stock is pledged or hypothecated.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Provide Details.

If any of the shares of stock are pledged or hypothecated in any way, give details.

If shares are pledged or hypothecated, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: If yes, provide details.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. (Group Codes)

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

If the answer to any of the above is yes, please indicate and give details.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Dated and signed this 30th day of July, 2021 at Madison, Va.. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Virginia County of: Carroll

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 30th day of July, 2021 by Ernest McNeer and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

[Signature]
Notary Public
ERNEST MCNEER
Printed Notary Name

My Commission Expires July 2022
not

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

My Commission Expires

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
 Address: 280 Trumbull Street City: Hartford
 State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Ryan Middle: Lynn Last: Logsdon

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: 8525 E. Orchard Road Greenwood Village, CO 80111

Business telephone: 303-737-4675 Business Email: ryan.logsdon@empower-retirement.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Marquette University</u>	<u>Milwaukee, WI</u>	<u>09/92 - 06/96</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law</u>	<u>St. Louis Univ School of Law</u>	<u>St. Louis, MO</u>	<u>06/96 - 06/99</u>	<u>J.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Secretary

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 04/00 - present Employer's Name: Empower Retirement, LLC / Great-West Life & Annuity Insurance Company
Address: 8525 E. Orchard Road City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-4675 Offices/Positions Held: Deputy General Counsel, various Legal
Type of Business: Financial/Retirement Services Supervisor/Contact: Richard Schultz

Beginning/Ending Dates (MM/YY): - Employer's Name: See Attachment
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): - Employer's Name: _____
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): - Employer's Name: _____
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details:

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details:

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Supreme Court State of Colorado Address: 1300 Broadway
City: Denver State/Province: CO Country: USA Postal Code: 80203
License Type: Attorney License #: 31405 Date Issued (MM/YY): 10/00
Date Expired (MM/YY): Annual Renewal Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): 303-928-7800

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10th day of January 20 22 at Empower Greenwood Village I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.




(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 10th day of January, 2022 by Ryan Logsdon, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

ALYSSA MELTON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20204006431
MY COMMISSION EXPIRES 02/14/2024



Notary Public
Alyssa Melton

Printed Notary Name
02/14/2024

My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Empower Holdings, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President 06/23/2020
First Elected: 06/23/2020
Last Elected: 06/23/2020

Great West Capital Management, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President, Counsel & Secretary 02/08/2016
First Elected: 02/08/2016
Last Elected: 04/16/2021

Great West Funds, Inc. 8515 E. Orchard Road Greenwood Village, CO 80111
Chief Legal Officer and Secretary 04/07/2021
First Elected: 04/07/2021
Last Elected: 04/07/2021

Great West Life & Annuity Insurance Company of New York 370 Lexington Ave New York, NY 10017
Secretary, Audit Committee 10/28/2020
First Elected: 10/28/2020
Last Elected: 10/28/2020

GWFS Equities, Inc. 8515 E. Orchard Road Greenwood Village, CO 80111
Vice President, Counsel & Secretary 05/01/2015
First Elected: 05/01/2015
Last Elected: 03/01/2021

London Life Insurance Company (U.S. Branch)
Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016
First Elected: 05/23/2016
Last Elected: 10/06/2017, merged into CLAC 01/01/2020

RW Merger Sub, Co.
Vice President 06/23/2020
First Elected: 06/23/2020
Last Elected: 06/23/2020

The Canada Life Assurance Company (US Branch) 330 University Ave Toronto, Ontario, Canada M5G 1R8
Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016
First Elected: 05/23/2016
Last Elected: 10/06/2017

The Great West Life Assurance Company (US Branch) 100 Osborne Street North Winnipeg, Manitoba, Canada R3C 1V3
Associate General Counsel and Associate Secretary, U.S. Operations 05/23/2016
First Elected: 05/23/2016
Last Elected: 10/06/2017, merged into CLAC 01/01/2020



Signature of Affiant

1/10/22
Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
Address: 280 Trumbull Street City: Hartford
State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Tina Middle: Marie Last: Wilson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Product development

4. Affiant's business address: 8515 E Orchard Rd, Greenwood Village, CO 80111

Business telephone: (303) 737-2078 Business Email: tina.wilson@empower-retirement.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Connecticut</u>	<u>Storrs, CT</u>	<u>08/1988 - 05/1992</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Chartered Financial Analyst</u>	<u>N/A</u>	<u>01/1997-08/1999</u>	<u>CFA</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
CFA Society Colorado		12110 N Pecos St, Westminster, CO	303-537-2988
CFA Institute		Charlottesville, VA	434-951-5499

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 09/12 - Present Employer's Name: Empower Retirement
Address: 8515 E Orchard Rd City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-2078 Offices/Positions Held: Chief Product Officer
Type of Business: Retirement Services Supervisor/Contact: Ed Murphy

Beginning/Ending Dates (MM/YY): 02/96 - 08/19 Employer's Name: Massachusetts Mutual Life Insurance
Address: 1295 State Street City: Springfield State/Province: MA
Country: USA Postal Code: 01111 Phone: 800-767-1000 Offices/Positions Held: Various
Type of Business: Financial Services Supervisor/Contact: Various

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details:

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details:

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: FINRA Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: Series 7 License #: CRD 13109 Date Issued (MM/YY): 07/04

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: FINRA Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: Series 24 License #: CRD 13109 Date Issued (MM/YY): 11/09

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

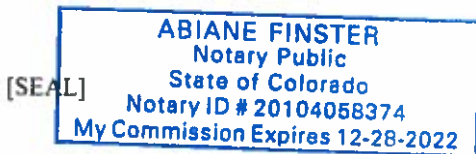
Dated and signed this 21st day of January, 2022 at Greenwood Village, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Tina Wilson
(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 21st day of January, 2022 by Tina Wilson, and: who is personally known to me, or who produced the following identification: _____.



Abiane Finster
Notary Public
Abiane Finster
Printed Notary Name
12-28-22
My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Advised Assets Group, LLC 8515 E. Orchard Road Greenwood Village, CO 80111
President & Chief Executive Officer 02/12/2020
First Elected: 02/12/2020 Last Elected: 05/19/2021
Manager 02/12/2020 First Elected: 02/12/2020 Last Elected: 02/12/2020

Advised Assets Group, LLC Executive Committee
Committee Member 02/12/2020
First Elected: 02/12/2020 Last Elected: 05/19/2021

Great West Life & Annuity Insurance Company (also as Applicant Company) 8515 E. Orchard Road Greenwood Village, CO 80111
Chief Product Officer 07/29/2020
First Elected: 07/29/2020 Last Elected: 07/26/2021

Great West Life & Annuity Insurance Company of New York 370 Lexington Ave Suite 703 New York, NY 10017
Senior Vice President and Chief Product Development Officer 10/28/2020
First Elected: 10/28/2020 Last Elected: 10/28/2020


Signature of Affiant

01/21/22
Date

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: Not applicable Other: Not applicable

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
Address: 280 Trumbull Street City: Hartford
State/Province: CT Postal Code: 06103 Phone: 860-534-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Vanessa Middle: Cornish Last: Barker

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Accounting

4. Affiant's business address: 8515 E Orchard Rd 772
Greenwood Village, CO 80111 _____

Business telephone: 303-737-1893 Business Email: vanessa.barker@empower-retirement.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Colorado at Boulder	Boulder, Colorado	08-1985 - 05/1989	BSBA Business Admin

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
N/A			

7. Present or proposed position with the Applicant Company: Treasurer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 10/20 - Present Employer's Name: Empower Retirement
Address: 8515 E Orchard Rd 7T2 City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 303-737-1893 Offices/Positions Held: VP Financial Accounting
Type of Business: Retirement Services Supervisor/Contact: Kara Roe

Beginning/Ending Dates (MM/YY): 10/19 - 10/20 Employer's Name: Eliassen Group
Address: 6161 S Syracuse Way Suite 240 City: Greenwood Village State/Province: CO
Country: USA Postal Code: 80111 Phone: 720-480-1986 Offices/Positions Held: Consultant
Type of Business: Consulting Supervisor/Contact: Cindy McGinley

Beginning/Ending Dates (MM/YY): 06/15 - 10/18 Employer's Name: Worldpay/FIS
Address: 4610 S Ulster St Suite 600 City: Denver State/Province: CO
Country: USA Postal Code: 80237 Phone: 415-235-1860 Offices/Positions Held: VP Finance
Type of Business: Credit Card Processing Supervisor/Contact: Joy Whinery

Beginning/Ending Dates (MM/YY): 11/11 - 06/15 Employer's Name: Integrated Properties
Address: 1550 Market Street Suite 400 City: Denver State/Province: CO
Country: USA Postal Code: 80202 Phone: 617-828-3954 Offices/Positions Held: CFO
Type of Business: Property Management Supervisor/Contact: Jordan Deifik

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Department of Regulatory Agencies Address: 1560 Broadway Suite 110
City: Denver State/Province: CO Country: USA Postal Code: 802020
License Type: CPA License #: 13562 Date Issued (MM/YY): 02/92
Date Expired (MM/YY): Active Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): 303-894-7800

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

If any of the stock is pledged or hypothecated in any way, give details.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

If any of the shares of stock are pledged or hypothecated in any way, give details.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applicant Company Name: Prudential Retirement Insurance and Annuity Company
NAIC No.: 93629 FEIN: 06-1050034

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10th day of January 20 22 at Empower Greenwood Village I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

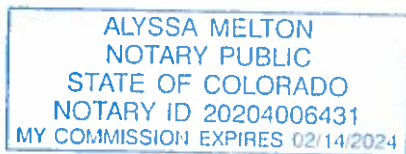
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Vanessa Barker
(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 10th day of January, 2022 by Vanessa Barker, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Alyssa Melton
Notary Public
Alyssa Melton
Printed Notary Name
02/14/2024
My Commission Expires

Applicant Company Name: Prudential Retirement Insurance and Annuity Company

NAIC No.: 93629

FEIN: 06-1050034

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

#8 Employment, Continued:

Beginning/Ending Dates: 03/1996-08/2010

Employer's Name: First Data (now Fiserv)

Address: 5775 DTC Blvd Greenwood Village, CO USA 80111

Offices/Positions Held: VP Finance, Director/Senior Manager Financial Reporting

Type of Business: Credit Card Processing



Signature of Affiant



Date