

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **825913** (7)  
1. Corporation Name  
**THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.**



Principal Place of Business Mailing Address  
**201 PARK AVENUE SOUTH NEW YORK NY 10003-1663**

3. Date Incorporated or Qualified **01/24/1972** 3a. Date of Last Report **04/24/1995**  
4. FEI Number **13-2656036** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**000001776500**  
83 **-04/11/96 -01029--014**  
84 City **\*\*\*200.00** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	EV	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN M	
STREET ADDRESS	201 PARK AVE S	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTIA, LEO R	
STREET ADDRESS	201 PARK AVE S	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONKLIN, GEORGE T JR	
STREET ADDRESS	201 PARK AVE S	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARUSO, JOSEPH	
STREET ADDRESS	201 PARK AVE SOUTH	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERRARA, ARTHUR V	
STREET ADDRESS	201 PARK AVE S	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBERS, CHARLES E	
STREET ADDRESS	201 PARK AVE S	
CITY-ST-ZIP	NEW YORK, NY 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EV & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, JOHN M	
1.3 STREET ADDRESS	201 PARK AVE S	
1.4 CITY-ST-ZIP	NEW YORK, NY 10003	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FUTIA, LEO R	
2.3 STREET ADDRESS	201 PARK AVE S	
2.4 CITY-ST-ZIP	NEW YORK, NY 10003	
3.1 TITLE	PRES & CEO & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SARGENT, JOSEPH D	
3.3 STREET ADDRESS	201 PARK AVE S	
3.4 CITY-ST-ZIP	NEW YORK, NY 10003	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CARUSO, JOSEPH A	
4.3 STREET ADDRESS	201 PARK AVE S	
4.4 CITY-ST-ZIP	NEW YORK, NY 10003	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERRARA, ARTHUR V	
5.3 STREET ADDRESS	201 PARK AVE S	
5.4 CITY-ST-ZIP	NEW YORK, NY 10003	
6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALBERS, CHARLES	
6.3 STREET ADDRESS	201 PARK AVE S	
6.4 CITY-ST-ZIP	NEW YORK, NY 10003	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/4/96** (212) 598-8526  
SIGNED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (12/95)