

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 825913**

1. Corporation Name  
**THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.**



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

Mailing Address  
~~201 PARK AVENUE SOUTH~~  
~~NEW YORK NY 10003-1663~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 <b>Equity Compliance</b>		01/24/1972	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 <b>PO Box 26220</b>		13-2656036	
24 Zip		29 <b>18002</b>		Applied For	
Country		30 <b>USA</b>		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Elector Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVD	<input type="checkbox"/> DELETE	1.1 TITLE	Executive Vice President:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN M		1.2 NAME		
STREET ADDRESS	201 PARK AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		1.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUTIA, LEO R		2.2 NAME	Donald Sullivan, Jr.	
STREET ADDRESS	201 PARK AVE S		2.3 STREET ADDRESS	3900 Burgess Place	
CITY-ST-ZIP	NEW YORK, NY 10003		2.4 CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE	PCD	<input type="checkbox"/> DELETE	3.1 TITLE	President & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, JOSEPH D		3.2 NAME		
STREET ADDRESS	201 PARK AVE S		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10003		3.4 CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, JOSEPH		4.2 NAME		
STREET ADDRESS	201 PARK AVE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10003		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRARA, ARTHUR V		5.2 NAME	Virginia Forest	
STREET ADDRESS	201 PARK AVE S		5.3 STREET ADDRESS	3900 Burgess Place	
CITY-ST-ZIP	NEW YORK, NY		5.4 CITY-ST-ZIP	Bethlehem, PA 18017	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered

SIGNATURE: \_\_\_\_\_ Date: 4/19  
 SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard Cumiskey, Director, Equity Compliance and Insurance  
 Daytime Phone #: 1-800-533-0099 ext. 2

CR2E034 (1/98)