

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90104 004 \*\*\*150.00

**DOCUMENT # 825913**

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

Principal Place of Business <del>201 PARK AVENUE SOUTH</del> <del>NEW YORK NY 10003-1663</del>	Mailing Address <del>EQUITY COMPLIANCE</del> <del>P.O. BOX 26210</del> <del>LONG VALLEY, PA 18002-6220</del>
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2. Principal Place of Business <b>7 Hanover Square</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 26210</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>New York, NY 10004</b>	City & State <b>Lehigh Valley, PA 18002</b>
Zip <b>10004</b>	Zip <b>18002</b>
Country	Country

4. FEI Number <b>13-2656036</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <del>VP</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>Bruce C. Long, Senior VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>SMITH, JOHN M</del>		NAME <b>7 Hanover Square</b>	
STREET ADDRESS <del>201 PARK AVE S</del>		STREET ADDRESS <b>New York, NY 10004</b>	
CITY-ST-ZIP <del>NEW YORK NY 10003</del>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULLIVAN, DONALD JR.</b>		NAME	
STREET ADDRESS <b>3900 BURGESS PL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BETHLEHEM PA 18017</b>		CITY-ST-ZIP	
TITLE <b>PCEO</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SARGENT, JOSEPH D</b>		NAME	
STREET ADDRESS <del>201 PARK AVE S</del>		STREET ADDRESS <b>7 Hanover Square</b>	
CITY-ST-ZIP <del>NEW YORK NY 10003</del>		CITY-ST-ZIP <b>New York, NY 10004</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARUSO, JOSEPH</b>		NAME	
STREET ADDRESS <del>201 PARK AVE SOUTH</del>		STREET ADDRESS <b>7 Hanover Square</b>	
CITY-ST-ZIP <del>NEW YORK NY 10003</del>		CITY-ST-ZIP <b>New York, NY 10004</b>	
TITLE <b>AVP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FOREST, VIRGINIA</b>		NAME	
STREET ADDRESS <b>3900 BURGESS PL</b>		STREET ADDRESS	
CITY-ST-ZIP <b>BETHLEHEM PA 18017</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Cumiskey Date: \_\_\_\_\_ Daytime Phone #: **1-800-533-0089**

**Richard Cumiskey, Assistant Vice President Equity Admin. & Oversight** *apt. 2*

CR2E034 (9/99)

Guardian Investor Services Corporation

<u>Office/Title</u>	<u>Officer</u>
President	Bruce C. Long
Vice President	Donald P. Sullivan, Jr.
Vice President & Controller	Frank L. Pepe
Vice President & Counsel	Richard T. Potter, Jr.
Vice President & Secretary	Joseph A. Caruso
Regional Vice President	Scott C. Brown
Regional Vice President	Joseph Dziena
Divisional Vice President	Keith Roddy
Second Vice President	Peggy L. Coppola
Second Vice President	Alexander M. Grant, Jr.
Second Vice President	Ann T. Kearney
Assistant Vice President & Compliance Officer	Richard A. Cumiskey
Assistant Vice President, Equity Sales Support	Engracia Nunez
Assistant Vice President, Systems Support	Scott E. Horowitz
Assistant Controller	Paul Iannelli
Treasurer	Earl C. Harry
Director, Advisory Services	Gretchen Hafner
Director, Broker-Dealer Sales	Robert W. Burnham Director,
Equity Sales	Brian K. Bey
Director, Product Development & Distribution	Sarah A. Johnson
Assistant Secretary & Secretary Pro tem	Karen L. Olvany