


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

05 MAR -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825913					
1. Entity Name THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.					
Principal Place of Business 7 HANOVER SQUARE NEW YORK, NY 10004			Mailing Address P.O. BOX 26195 LEHIGH VALLEY, PA 18002-6195		
2. Principal Place of Business 7 Hanover Square <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7 Hanover Square <small>Suite, Apt. #, etc.</small>			
City & State New York, NY		City & State New York, NY		4. FEI Number 13-2656036	
Zip 10004		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Meryl Werner</i></u> DATE 2/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retulsting)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LONG, BRUCE C 7 HANOVER SQUARE NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVEA SULLIVAN, DONALD JR. 3900 BURGESS PL BETHLEHEM, PA 18017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCS CARUSO, JOSEPH 7 HANOVER SQUARE NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BARBI, LESLI 7 HANOVER SQUARE NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700048445397 03/15/05--01064--015 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVCO CUMISKEY, RICHARD 81 HIGHLAND AVE BETHLEHEM, PA 18017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC1 SORELL, THOMAS G 7 HANOVER SQUARE NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joseph A. Caruso</i></u>			Date 2/11/05 212-598-8526		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		
Joseph A. Caruso, Senior Vice President & Corporate Secretary					

ko
3/14/05

FLORIDA FOR PROFIT CORPORATION ANNUAL REPORT
YEAR - 2005

THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

DIRECTORS CONTINUED:	TITLE	ADDRESS:	
Broach, Robert E	D	7 Hanover Square	New York, NY 10004-2616 Addition
de Palo, Armand M	D	7 Hanover Square	New York, NY 10004-2616 Addition
Lenderink, Gary B	D	7 Hanover Square	New York, NY 10004-2616 Addition
Manning, Dennis J	D	7 Hanover Square	New York, NY 10004-2616 Addition

OFFICERS CONTINUED:

Coppola, Peggy L	SV, Equity Bus. Dev.	7 Hanover Square	New York, NY 10004-2616 Addition
Fisher, Charles G	SV & Actuary	7 Hanover Square	New York, NY 10004-2616 Addition
McAleer, Hugh J.	V Sel Clms & Ind Mkts Op	7 Hanover Square	New York, NY 10004-2616 Addition
Mosticchio, Dennis P.	V Group Pensions	7 Hanover Square	New York, NY 10004-2616 Addition
Pepe, Frank L	SV & Controller	7 Hanover Square	New York, NY 10004-2616 Addition
Potter, Jr., Richard T.	SV & Counsel	7 Hanover Square	New York, NY 10004-2616 Addition

OK for 2/16/05
2/16/05