

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825913

FILED
Jan 05, 2007
Secretary of State

Entity Name: THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

Current Principal Place of Business:

7 HANOVER SQUARE
NEW YORK, NY 10004

New Principal Place of Business:

Current Mailing Address:

81 HIGHLAND AVENUE
A261
BETHLEHEM, PA 18017 US

New Mailing Address:

FEI Number: 13-2656036 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LONG, BRUCE C
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

Title: SVA () Delete
Name: SULLIVAN, DONALD JR.
Address: 3900 BURGESS PL
City-St-Zip: BETHLEHEM, PA 18017

Title: DVS () Delete
Name: CARUSO, JOSEPH
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

Title: D () Delete
Name: BROATCH, ROBERT E
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

Title: SVCO () Delete
Name: CUMISKEY, RICHARD
Address: 81 HIGHLAND AVE
City-St-Zip: BETHLEHEM, PA 18017

Title: EVCI () Delete
Name: SORELL, THOMAS G
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD CUMISKEY

SVCO

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date