

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825913

FILED
Apr 30, 2012
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:

7 HANOVER SQUARE
NEW YORK, NY 10004 US

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
POST OFFICE BOX 6200 (32314-6200)
200 E. GAINES STREET
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

OFFICERS AND DIRECTORS:

Title: P
Name: DOLFI, DOUGLAS S
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

Title: D
Name: SULLIVAN, DONALD P JR.
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

Title: VPCS
Name: RICH, TRACY L
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

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

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

Title: CCA
Name: SLIPOWITZ, MICHAEL
Address: 7 HANOVER SQUARE
City-St-Zip: NEW YORK, NY 10004

I hereby 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 all other like empowered.

SIGNATURE: TRACY L. RICH

VPCS

04/30/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date