

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000557

**Entity Name:** PARK AVENUE SECURITIES LLC**Current Principal Place of Business:**10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA  
NEW YORK, NY 10001**Current Mailing Address:**10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA  
NEW YORK, NY 10001 US**FEI Number:** 13-4023176**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Authorized Person(s) Detail :**

Title MANAGER  
Name LESINA, LEYLA  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title MGR  
Name FERIK, MICHAEL  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title SECRETARY  
Name CROSSWELL ASSAN, SONYA  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title CFO  
Name MCGRATH, SHAWN  
Address 700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title PRESIDENT  
Name CASWELL, MARIANNE  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title MANAGER  
Name CASWELL, MARIANNE  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title MANAGER  
Name MOLLOY, KEVIN  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SONYA CROSSWELL ASSAN**SECRETARY****01/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date