

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 15, 2023
Secretary of State
5152104343CC

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 MANAGER
Name FERIK, MICHAEL
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

Title SECRETARY
Name OLINER, HARRIS
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: HARRIS OLINER

SECRETARY

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date