

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000557

Entity Name: PARK AVENUE SECURITIES LLC

Current Principal Place of Business:

7 HANOVER SQUARE
NEW YORK, NY 10004

Current Mailing Address:

7 HANOVER SQ
NEW YORK, NY 10004 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 N
Address: 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

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

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

Title: SECRETARY
Name: CROSSWELL, SONYA L.
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: MANAGER
Name: MORRISSEY, WILLIAM
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 L. CROSSWELL

SECRETARY

01/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date