

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819049

FILED
Jan 10, 2017
Secretary of State
CC9620033874

Entity Name: PARK AVENUE LIFE INSURANCE COMPANY

Current Principal Place of Business:

2711 CENTERVILLE ROAD
SUITE 400
WILMINGTON, DE 19808

Current Mailing Address:

7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
NEW YORK, NY 10004-2616 US

FEI Number: 04-2350154

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Officer/Director Detail :

Title PCEO
Name SLIPOWITZ, MICHAEL L
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004

Title CFO
Name PADAVANO, ALPHONSUS L.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004

Title CS
Name CROSSWELL, SONYA L.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004

Title VPT
Name SKINNER, WALTER R.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name DEL VECCHIO, DEAN
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name FERIK, MICHAEL N.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name FLANNIGAN, JOHN H.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name QUINN, SEAN D.
Address BERKSHIRE LIFE INSURANCE
COMPANY OF AMERICA
700 SOUTH STREET
City-State-Zip: PITTSFIELD MA 01201

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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: SONYA L. CROSSWELL

01/10/2017

Officer/Director Detail Continued :

Title DIRECTOR
Name SLIPOWITZ, MICHAEL
Address THE GUARDIAN LIFE INSURANCE COMPANY OF
 AMERICA
 7 HANOVER SQUARE H-23F
City-State-Zip: NEW YORK NY 10004