

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819049

Entity Name: PARK AVENUE LIFE INSURANCE COMPANY**Current Principal Place of Business:**251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808**Current Mailing Address:**7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
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
City-State-Zip: NEW YORK NY 10004

Title CS
Name CROSSWELL, SONYA L.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE
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 QUINN, SEAN D.
Address BERKSHIRE LIFE INSURANCE
COMPANY OF AMERICA
700 SOUTH STREET
City-State-Zip: PITTSFIELD MA 01201

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

Title VPT
Name SKINNER, WALTER R.
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
City-State-Zip: NEW YORK NY 10004

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

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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**CORPORATE
SECRETARY**

01/18/2018

Officer/Director Detail Continued :

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