

2023 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

FILED
Feb 15, 2023
Secretary of State
6147952084CC

Current Mailing Address:

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

Title DIRECTOR
Name DEL VECCHIO, DEAN
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name FLANNIGAN, JOHN
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

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

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

Title DIRECTOR, TREASURER
Name UDICIOUS, DEBRA
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

Title SECRETARY
Name HARRIS, OLINER
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 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: HARRIS OLINER

SECRETARY

02/15/2023

Electronic Signature of Signing Officer/Director Detail

Date