

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 819049

**FILED**  
**Jan 13, 2021**  
**Secretary of State**  
**7993841487CC**

**Entity Name:** PARK AVENUE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

251 LITTLE FALLS DRIVE  
WILMINGTON, DE 19808

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

Title CS  
Name CROSSWELL ASSAN, SONYA  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title VPT  
Name SKINNER, WALTER R.  
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 H.  
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  
Name UDICIOUS, DEBRA  
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:** SONYA CROSSWELL ASSAN

**SECRETARY**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date