

**2020 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:**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, SONYA L.
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	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	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	FLANNIGAN, JOHN H.
Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10001

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

**Continues on page 2**

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**SECRETARY**

01/23/2020

**Officer/Director Detail Continued :**

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