

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825913

FILED
Jan 10, 2017
Secretary of State
CC1790860323

Entity Name: THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.

Current Principal Place of Business:

7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10004

Current Mailing Address:

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

FEI Number: 13-2656036

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 P
Name DINSMORE, GORDON G. JR.
Address BERKSHIRE LIFE INSURANCE
COMPANY OF AMERICA
700 SOUTH STREET
City-State-Zip: PITTSFIELD MA 01201

Title CFO
Name ECKER, ROBERTO C.
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 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 DINSMORE, GORDON G. JR.
Address THE BERKSHIRE LIFE INSURANCE
COMPANY OF AMERICA
700 SOUTH STREET
City-State-Zip: PITTSFIELD MA 01201

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

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

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**

01/10/2017

