

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825913

**FILED**  
**Jan 23, 2019**  
**Secretary of State**  
**8185644872CC**

**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  
NEW YORK, NY 10004 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 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

Title VPT  
Name SKINNER, WALTER R.  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10004

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

Title DIRECTOR  
Name FERIK, MICHAEL  
Address 7 HANOVER SQUARE  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
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

01/23/2019

