

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825913

FILED
Jan 24, 2022
Secretary of State
9996482873CC

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

Current Principal Place of Business:

10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10001

Current Mailing Address:

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

Title CFO
Name DESROCHERS, CARL
Address 700 SOUTH STREET
 BERKSHIRE LIFE INSURANCE
 COMPANY OF AMERICA
City-State-Zip: PITTSFIELD MA 01201

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 BAEDE, DOMINIQUE
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

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

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

Title SECRETARY
Name CROSSWELL ASSAN, SONYA
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

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date