2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2018
Secretary of State
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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	Title	CFO
Name	DINSMORE, GORDON G. JR.	Name	ECKER, ROBERTO C.
Address	BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA 700 SOUTH STREET	Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	PITTSFIELD MA 01201	City-State-Zip:	NEW YORK NY 10004
Title	VPT	Title	CS
Name	SKINNER, WALTER R.	Name	CROSSWELL, SONYA L
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10004	City-State-Zip:	NEW YORK NY 10004
Title	DIRECTOR	Title	DIRECTOR
Name	DINSMORE, GORDON G. JR.	Name	SLIPOWITZ, MICHAEL
Address	THE BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA 700 SOUTH STREET	Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	PITTSFIELD MA 01201	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 SECRETAR 01/18/2018

Electronic Signature of Signing Officer/Director Detail — Date