#### 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 833275** 

Entity Name: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

**FILED** Jan 13, 2021 Secretary of State 7415404422CC

## **Current Principal Place of Business:**

700 SOUTH STREET PITTSFIELD. MA 01201

## **Current Mailing Address:**

700 SOUTH STREET PITTSFIELD. MA 01201 US

FEI Number: 75-1277524 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:

City-State-Zip:

Title

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title Title VPT

SKINNER, WALTER R. Name HAZZARD, LAWRENCE Name 10 HUDSON YARDS Address 700 SOUTH STREET Address

THE GUARDIAN LIFE INSURANCE PITTSFIELD MA 01201

Title

COMPANY OF AMERICA

City-State-Zip: NEW YORK NY 10001 Title **VPLCCS** 

QUINN, SEAN D. Name Title ACS

700 SOUTH STREET Name CROSSWELL ASSAN, SONYA Address

City-State-Zip: PITTSFIELD MA 01201 Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA

City-State-Zip: NEW YORK NY 10001 ECKER, ROBERTO Name

Address 10 HUDSON YARDS

DIRECTOR

**DIRECTOR** 

THE GUARDIAN LIFE INSURANCE Name FERIK, MICHAEL

COMPANY OF AMERICA

City-State-Zip: 10 HUDSON YARDS NY 10001 Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA

10 HUDSON YARDS NY 10001 City-State-Zip: Name HAZZARD, LAWRENCE

700 SOUTH ST. Address Title DIRECTOR

City-State-Zip: PITTSFIELD MA 01201 Name LESINA, LEYLA

> Address 10 HUDSON YARDS

DIRECTOR

THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA

City-State-Zip: NEW YORK NY 10001

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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

01/13/2021

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name SIMARD, FREDERIC Name SLIPOWITZ, MICHAEL

Address

10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

10 HUDSON YARDS Address

THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

City-State-Zip: NEW YORK NY 10001 NEW YORK NY 10001 City-State-Zip: