

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833275

**Entity Name:** BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HAZZARD, LAWRENCE  
Address 700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title VPLCCS  
Name QUINN, SEAN D.  
Address 700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR  
Name ECKER, ROBERTO  
Address 10 HUDSON YARDS  
THE GUARDIAN LIFE INSURANCE  
COMPANY OF AMERICA  
City-State-Zip: 10 HUDSON YARDS NY 10001

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

Title DIRECTOR  
Name HAZZARD, LAWRENCE  
Address 700 SOUTH ST.  
City-State-Zip: PITTSFIELD MA 01201

Title DIRECTOR  
Name LESINA, LEYLA  
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 TREASURER  
Name UDICIOUS, DEBRA  
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: SEAN D. QUINN**

**SECRETARY**

**02/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date