

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850843

Entity Name: FAMILY SERVICE LIFE INSURANCE COMPANY**Current Principal Place of Business:**211 EAST 7TH STREET
SUITE 620
AUSTIN, TX 78701**Current Mailing Address:**10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10001 US**FEI Number:** 74-1319784**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 PCEO
Name SLIPOWITZ, MICHAEL
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

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 CS
Name CROSSWELL ASSAN, SONYA
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name DEL VECCHIO, DEAN
Address 101 CRAWFORDS CORNER RD
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: HOLMDEL NJ 07733

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

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

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

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

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