

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16011

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**211 EAST 7TH STREET
SUITE 620
AUSTIN, TX 78701-3218**Current Mailing Address:**7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10004 US**FEI Number:** 74-0952935**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 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title VPT
Name SKINNER, WALTER R.
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name DEL VECCHIO, DEAN
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name FLANNIGAN, JOHN H.
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title CFO
Name PADAVANO, ALPHONSUS L.
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title CS
Name CROSSWELL, SONYA L
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name CHRISTOPHER, DYRHAUG
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Title DIRECTOR
Name QUINN, SEAN D.
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

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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 L CROSSWELL

CS

01/22/2019

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SLIPOWITZ, MICHAEL
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10004