2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2022
Secretary of State
0027116584CC

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:

10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10001 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	Title	VPT
Name	SLIPOWITZ, MICHAEL	Name	SKINNER, WALTER R.
Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	CS	Title	DIRECTOR
Name	CROSSWELL ASSAN, SONYA	Name	DEL VECCHIO, DEAN
Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	DIRECTOR	Title	DIRECTOR
Name	FLANNIGAN, JOHN H.	Name	QUINN, SEAN D.
Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10001	City-State-Zip:	NEW YORK NY 10001
Title	DIRECTOR	Title	DIRECTOR
Name	SLIPOWITZ, MICHAEL	Name	UDICIOUS, DEB
Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	Address	10 HUDSON YARDS THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
City-State-Zip:	NEW YORK NY 10001	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: SONYA CROSSWELL ASSAN SECRETARY 01/24/2022

Electronic Signature of Signing Officer/Director Detail — Date