

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16011

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY**Current Principal Place of Business:**350 NORTH ST. PAUL STREET
DALLAS, TX 75201**Current Mailing Address:**7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
NEW YORK, NY 10004-2616 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 H-23F
City-State-Zip:	NEW YORK NY 10004-2616
Title	VPT
Name	SKINNER, WALTER R
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
City-State-Zip:	NEW YORK NY 10004-2616

Title	EVPGCACS
Name	RICH, TRACY L
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
City-State-Zip:	NEW YORK NY 10004-2616
Title	SVPCS
Name	DIMANNI, MARGHERITA L
Address	7 HANOVER SQUARE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
City-State-Zip:	NEW YORK NY 10004-2616

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: MARGHERITA L. DIMANNI

SVPCS

01/20/2015

Electronic Signature of Signing Officer/Director Detail_____
Date