#### 2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16011

Entity Name: SENTINEL AMERICAN LIFE INSURANCE COMPANY

**FILED** Jan 23, 2020 Secretary of State 7020762793CC

Date

## **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

Electronic Signature of Registered Agent

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:

Officer/Director Detail:

Title **PCEO** Title CFO

SLIPOWITZ, MICHAEL PADAVANO, ALPHONSUS L. Name Name

Address 10 HUDSON YARDS Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA COMPANY OF AMERICA

NEW YORK NY 10001 NEW YORK NY 10001 City-State-Zip: City-State-Zip:

Title **VPT** Title CS

Name SKINNER, WALTER R. Name CROSSWELL, SONYA L

Address 10 HUDSON YARDS Address 10 HUDSON YARDS

> THE GUARDIAN LIFE INSURANCE THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA COMPANY OF AMERICA

NEW YORK NY 10001 NEW YORK NY 10001 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

DEL VECCHIO, DEAN FERIK, MICHAEL Name Name

Address 10 HUDSON YARDS Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE THE GUARDIAN LIFE INSURANCE

COMPANY OF AMERICA COMPANY OF AMERICA

NEW YORK NY 10001 NEW YORK NY 10001 City-State-Zip: City-State-Zip:

**DIRECTOR** Title **DIRECTOR** Title

QUINN, SEAN D. Name FLANNIGAN, JOHN H. Name

Address 10 HUDSON YARDS Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA

COMPANY OF AMERICA

City-State-Zip: NEW YORK NY 10001 City-State-Zip: NEW YORK NY 10001

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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.

01/23/2020 SIGNATURE: SONYA L. CROSSWELL **SECRETARY** 

# Officer/Director Detail Continued:

Title DIRECTOR

Name SLIPOWITZ, MICHAEL
Address 10 HUDSON YARDS

THE GUARDIAN LIFE INSURANCE COMPANY OF

AMERICA

City-State-Zip: NEW YORK NY 10001