

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825913

Entity Name: THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.**Current Principal Place of Business:**7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
NEW YORK, NY 10004**Current Mailing Address:**7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA H-23F
NEW YORK, NY 10004-2616 US**FEI Number:** 13-2656036**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	P
Name	DINSMORE, GORDON G. JR.
Address	BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA 700 SOUTH STREET
City-State-Zip:	PITTSFIELD MA 01201

Title	CFO
Name	ECKER, ROBERTO C.
Address	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA 7 HANOVER SQUARE H-23F
City-State-Zip:	NEW YORK NY 10004

Title	VPT
Name	SKINNER, WALTER R.
Address	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA 7 HANOVER SQUARE H-23F
City-State-Zip:	NEW YORK NY 10004

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

Title	DIRECTOR
Name	DINSMORE, GORDON G. JR.
Address	THE BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA 700 SOUTH STREET
City-State-Zip:	PITTSFIELD MA 01201

Title	DIRECTOR
Name	CONSTANTINI, MARC
Address	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA 7 HANOVER SQUARE H-23F
City-State-Zip:	NEW YORK NY 10004

Title	DIRECTOR
Name	SLIPOWITZ, MICHAEL
Address	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA 7 HANOVER SQUARE H-23F
City-State-Zip:	NEW YORK NY 10004

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**CORPORATE
SECRETARY**

01/10/2017

