

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833275

**Entity Name:** BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**Current Principal Place of Business:**700 SOUTH STREET  
PITTSFIELD, MA 01201**Current Mailing Address:**700 SOUTH STREET  
PITTSFIELD, MA 01201 US**FEI Number:** 75-1277524**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICE  
200 EAST GAINES 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            PRESIDENT, DIRECTOR  
Name            MONTI, HARRY  
Address        700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title            SECRETARY  
Name            QUINN, SEAN D.  
Address        700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title            DIRECTOR  
Name            FERI, MICHAEL  
Address        10 HUDSON YARDS  
                 THE GUARDIAN LIFE INSURANCE  
                 COMPANY OF AMERICA  
City-State-Zip: 10 HUDSON YARDS NY 10001

Title            DIRECTOR  
Name            LESINA, LEYLA  
Address        10 HUDSON YARDS  
                 THE GUARDIAN LIFE INSURANCE  
                 COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title            DIRECTOR  
Name            TURCOTTE, JEFFREY  
Address        700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title            TREASURER  
Name            UDICIOUS, DEBRA  
Address        10 HUDSON YARDS  
                 THE GUARDIAN LIFE INSURANCE  
                 COMPANY OF AMERICA  
City-State-Zip: NEW YORK NY 10001

Title            DIRECTOR  
Name            MACPHERSON, ROBIN  
Address        700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

Title            CFO, DIRECTOR  
Name            DESROCHERS, CARL  
Address        700 SOUTH STREET  
City-State-Zip: PITTSFIELD MA 01201

*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: SEAN QUINN****SECRETARY****04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date