

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002971

Entity Name: PREMIER ACCESS INSURANCE COMPANY**Current Principal Place of Business:**8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826**Current Mailing Address:**8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826**FEI Number:** 91-1857813**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
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 CFO
Name OSWALD, MATTHEW J.
Address 6255 STERNERS WAY
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: BETHLEHEM PA 18017

Title DIRECTOR
Name SWANKER, CHRISTOPHER T.
Address 6255 STERNERS WAY
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: BETHLEHEM PA 18017

Title SECRETARY
Name THOMAS, CHERITA L.
Address 10 HUDSON YARDS
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10001

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

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

Title DIRECTOR
Name DUFFY, BRENDAN P.
Address 6255 STERNERS WAY
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: BETHLEHEM PA 18017

Title PRESIDENT
Name REAMER, MICHAEL P.
Address 10324 S. DOLFIELD ROAD
City-State-Zip: OWINGS MILLS MD 21117

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: CHERITA L. THOMAS**SECRETARY****01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date