

2018 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 WEISS, LARRY M.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004

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

Title DIRECTOR
Name ALPERSTEIN, JOEL H.
Address 10324 S. DOLFIELD ROAD
City-State-Zip: OWINGS MILLS MD 21117

Title DIRECTOR
Name DUFFY, BRENDAN
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

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

Title DIRECTOR
Name CEFOLE, MICHAEL B.
Address THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
7 HANOVER SQUARE
City-State-Zip: NEW YORK NY 10004

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

Title SECRETARY
Name THOMAS, CHERITA L.
Address 7 HANOVER SQUARE
THE GUARDIAN LIFE INSURANCE
COMPANY OF AMERICA
City-State-Zip: NEW YORK NY 10004

Continues on page 2

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****01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	ALPERSTEIN, JOEL H.
Address	10324 S. DOLFIELD ROAD
City-State-Zip:	OWINGS MILLS MD 21117