

SERFF Tracking Number: GARD-125848698 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
 Inc.
 Company Tracking Number: L-AP-CONV-2008
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Life Application
 Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: Life Application SERFF Tr Num: GARD-125848698 State: ArkansasLH
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40524
 Adjustable Life
 Sub-TOI: L09I.001 Single Life Co Tr Num: L-AP-CONV-2008 State Status: Approved-Closed
 Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Authors: Louis A Conte, Peter Disposition Date: 10/20/2008
 Diggins, Dena Griffiths, Margaret
 Lewis-Forbes, John Monahan,
 Connie Gelfat, Kathleen Tobin
 Date Submitted: 10/09/2008 Disposition Status: Approved
 Implementation Date Requested: 01/15/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Express Conversion Application (GIAC) Status of Filing in Domicile: Not Filed
 Project Number: L-AP-CONV-2008 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 10/20/2008 Deemer Date:
 State Status Changed: 10/20/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 The Guardian Insurance & Annuity Company, Inc. (GIAC)
 NAIC Number: 429-78778 FEIN Number: 13-2656036
 Application for Term Conversion/Exchange Express– L-AP-CONV-2008

SERFF Tracking Number: GARD-125848698 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
 Inc.
 Company Tracking Number: L-AP-CONV-2008
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Life Application
 Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008
 me at John_Monahan@glic.com.

Sincerely,
 John J. Monahan, Director
 Individual Markets Compliance

Company and Contact

Filing Contact Information

Dena Griffiths, Compliance & Research DGriffiths@glic.com
 Specialist
 7 Hanover Square (212) 598-8694 [Phone]
 New York, NY 10004 (212) 919-2592[FAX]

Filing Company Information

The Guardian Insurance & Annuity Company CoCode: 78778 State of Domicile: Delaware
 Inc.
 7 Hanover Square Group Code: 429 Company Type:
 New York, NY 10004 Group Name: State ID Number:
 (212) 598-8000 ext. [Phone] FEIN Number: 13-2656036

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Per Form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company	\$50.00	10/09/2008	23085345

SERFF Tracking Number: GARD-125848698 *State:* Arkansas
Filing Company: The Guardian Insurance & Annuity Company *State Tracking Number:* 40524
Inc.
Company Tracking Number: L-AP-CONV-2008
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Life Application
Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008
Inc.

SERFF Tracking Number: GARD-125848698 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
Inc.
Company Tracking Number: L-AP-CONV-2008
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Life Application
Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/20/2008	10/20/2008

SERFF Tracking Number: GARD-125848698 *State:* Arkansas
Filing Company: The Guardian Insurance & Annuity Company *State Tracking Number:* 40524
Inc.
Company Tracking Number: L-AP-CONV-2008
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: Life Application
Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Disposition

Disposition Date: 10/20/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-125848698 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
 Inc.
 Company Tracking Number: L-AP-CONV-2008
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Life Application
 Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Application for Term		Yes
	Conversion/Exchange Express		

SERFF Tracking Number: GARD-125848698 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
 Inc.
 Company Tracking Number: L-AP-CONV-2008
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: Life Application
 Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Form Schedule

Lead Form Number: L-AP-CONV-2008

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-AP-CONV-2008	Application/ Enrollment Form	Application for Term Conversion/Exchange Express	Initial	41	L-AP-CONV-2008.pdf



Customer Service Office
 3900 Burgess Place
 Bethlehem, PA 18017
 1-800-441-6455

The Guardian Life Insurance Company of America
 The Guardian Insurance & Annuity Company, Inc.
 (Please check appropriate company. In this form, "the Company" is the insurer checked above.)

APPLICATION FOR TERM CONVERSION/EXCHANGE EXPRESS

1. INSURED'S FIRST NAME	MIDDLE INITIAL	INSURED'S LAST NAME

2. Insured's Date of Birth: _____
 mm/dd/yyyy

3. Is the insured currently totally disabled as defined in the Waiver of Premium Rider? Yes No
 If Yes, give details: _____

4. EXISTING POLICY NUMBER BEING CONVERTED/EXCHANGED	(Check one): <input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion If partial conversion, indicate disposition of any remaining term or other coverage not being converted/exchanged (check one) <input type="checkbox"/> Remain in force <input type="checkbox"/> Terminated (Any remaining coverage is subject to meeting Company minimum amounts)
--	--

5. **New Policy**

(a) Plan _____

(b) Amount \$ _____

(c) The policy will have the same riders (except the Guaranteed Insurability Option rider) as the converted Term coverage unless you indicate otherwise.
 Discontinue: Waiver of Premium Accidental Death Benefit

(d) Dividend Option (for Whole Life products only)
 A Paid in cash C Left at Interest (Complete W-9 form if elected)
 B Reduce Premiums D Paid Up Additional Insurance
 Q One Year Term Insurance (indicate Target Face Amount \$ _____)

(e) Premium Payment
 Annual Semi Annual
 Quarterly GOM (Submit form R223 and a void check)
 (Add to existing control number _____)

(f) Automatic Premium Loan Yes No
 If left blank, Automatic Premium Loan (APL) will be the default option. APL is not available on Universal Life products.

(g) Complete only if converting to Universal Life
 Death Benefit Option _____ Planned Premium _____
 7702 Test _____

6. Effective Date of Conversion/Exchange _____

NOTE: The Owner, designation of payees, and any election of a payment plan will be the same as the surrendered Term or other coverage.

I represent that any statements given as answers in the request form are true and complete to the best of my knowledge and belief.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to civil penalties.

Dated at _____ on _____
City and State mm/dd/yyyy

Signature of Owner/insured if no other Owner

Required Agent Information Agency Name and Code _____	
First Agent Name, Code and Percent Interest	Second Agent Name, Code and Percent Interest

SERFF Tracking Number: GARD-125848698 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
Inc.
Company Tracking Number: L-AP-CONV-2008
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Life Application
Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-125848698 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 40524
Inc.
Company Tracking Number: L-AP-CONV-2008
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Life Application
Project Name/Number: Express Conversion Application (GIAC) /L-AP-CONV-2008

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/07/2008

Comments:

Attachments:

GIAC Certif of Compliance with Rule 19.pdf

GIAC Certif of Compliance with Rule 49.pdf



**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **The Guardian Insurance & Annuity Company Inc.**

Form Number(s): L-AP-CONV-2008

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer

John J. Monahan

Name

Director, Individual Markets Compliance

Title

Date October 8, 2008

**Certificate of Compliance with
Arkansas Rule and Regulation 49**

Insurer: **THE GUARDIAN INSURANCE & ANNUITY COMPANY INC**

Form Number(s):
L-AP-CONV-2008

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 49.



Signature of Company Officer

John J. Monahan

Name

Director, Individual Markets Compliance

Title

Date: October 8, 2008