Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: Replacement Notice-PICA	SERFF Tr Num: PRUD-126421410	State: Arkansas
TOI: A10 Annuities - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 44354
Sub-TOI: A10.000 Annuities - Other	Co Tr Num: REPLACEMENT NOTICE	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: John Witteman, Anthony Pereira, Carolyn Cargnel, Pamela Bonaparte-Golding	Disposition Date: 12/21/2009
	Date Submitted: 12/16/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Replacement Notice-PICA
Project Number: Replacement Notice-PICA
Requested Filing Mode:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 12/21/2009

Deemer Date:
Submitted By: Pamela Bonaparte-Golding
Filing Description:
VIA: SERFF

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Pending in our domicile State of New Jersey
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 12/21/2009
Created By: Pamela Bonaparte-Golding
Corresponding Filing Tracking Number:

December 16, 2009

Hon. Jay Bradford, Insurance Commissioner

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Attn: Claudia Meeks

Re: The Prudential Insurance Company of America ("PICA, we, us")
NAIC No. 304-68214, FEIN No. 22-1211670

Forms Submitted for Approval:

NAIC Model Replacement Form, P-SRFNAIC(2/10)

Dear Ms. Meeks:

We submit for your approval a Replacement Notice substantially similar to the sample notice contained in Appendix A of the NAIC Life and Annuities Replacement Model Regulation. We are revising previously approved form P-RNCEC-ANN(2/07) which was approved by your Department on October 9, 2009 via SERFF Tracking Number PRUD-126336561. As in the previous filing, we are requesting permission to combine the NAIC Model Replacement Notice with an administrative section. We have added a section above the Producer's signature to accommodate the related regulatory requirement of obtaining the sales materials that were used in conjunction with the sale of an annuity. We do not propose any changes to the NAIC Model Replacement Notice. The NAIC Model State Replacement Notice as promulgated by your Department is contained within the proposed form. We confirm that other than the revisions noted below there are no other modifications to the previously approved form.

The NAIC Model Replacement Notice is revised as follows:

1. We have added the following section above the Producer's signature:

I represent that I have left copies of the following sales material with the applicant:

c Illustrations c Optional Benefits Brochure c Investments Brochure c Product Brochure

c Other Company approved materials (Please include brochure name_____)

I acknowledge that Prudential will rely on this statement.

2. The revised form is slightly reformatted.

3. We have changed the form number to P-SRFNAIC(2/10).

Please note that the identical form is being filed simultaneously on behalf of Pruco Life Insurance Company and The Prudential Insurance Company of America.

The contact information of the Service Center, including address, telephone number and website, are subject to change from time to time. We have placed brackets around the contact information of the Service Center on the submitted form to indicate that we reserve the right to change such information without re-filing with your Department.

PICA believes that federal law exempts these forms from any “Flesch score” or readability requirements in your statutes or regulations. Unless otherwise informed, PICA reserves the right to alter the pagination, layout, (including sequential order), color, and typeface of these forms. PICA confirms any such change will be in conformance with your State’s filing requirements. Any filing materials we believe your Department requires are enclosed. Please contact the undersigned with any questions you may have.

Very truly yours,

Pamela Bonaparte-Golding
Contract Specialist
Tel: (800) 628-6039, Ext. 47544
E-mail: Pamela.Bonaparte-Golding@Prudential.com
Fax: (203) 944-7737

Enclosures

Company and Contact

Filing Contact Information

Anthony Pereira, Senior Compliance Analyst	Anthony.Pereira@Prudential.com
One Corporate Drive	800-628-6039 [Phone] 57146 [Ext]
P.O. Box 883	203-944-7510 [FAX]
Shelton, CT 06484	

Filing Company Information

The Prudential Insurance Company of America	CoCode: 68241	State of Domicile: New Jersey
751 Broad Street	Group Code: 304	Company Type: Life
Newark, NJ 07102-3777	Group Name:	State ID Number:

(973) 802-6000 ext. [Phone] FEIN Number: 22-1211670

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	$20.00	12/16/2009	32829964

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/21/2009	12/21/2009

Disposition

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*PRUD-126421410*	*State:*	*Arkansas*
Filing Company:	*The Prudential Insurance Company of America*	*State Tracking Number:*	*44354*
Company Tracking Number:	*REPLACEMENT NOTICE*		
TOI:	*A10 Annuities - Other*	*Sub-TOI:*	*A10.000 Annuities - Other*
Product Name:	*Replacement Notice-PICA*		
Project Name/Number:	*Replacement Notice-PICA/Replacement Notice-PICA*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Filing Fee Form		Yes
Supporting Document	Certification of Compliance		Yes
Form	REPLACEMENT NOTICE		Yes

Form Schedule

Lead Form Number: P-SRFNAIC(2/10)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P-SRFNAIC(2/10)	Other	REPLACEMENT NOTICE	Initial		0.000	P-SRFNAIC(2-10).pdf

Prudential

The Prudential Insurance Company of America
Pruco Life Insurance Company

Replacement Notice

Annuities Service Center
P.O. Box 7960, Philadelphia, PA 19176
Telephone 1-888-778-5471
Fax 1-877-778-2329

IMPORTANT NOTICE: REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

For use in states that adopted the current NAIC Life Insurance and Annuities Replacement Model Regulation (1998/2000).

SECTION 1 ■ REQUIRED QUESTION FOR APPLICANT

Do you have any existing individual life insurance policies or annuity contracts with this or any other company?
☐ Yes ☐ No If you answered "Yes" to the above question, please continue.

SECTION 2 ■ This document must be signed by the applicant and the producer and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
   Check One > ☐ Yes ☐ No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?
   Check One > ☐ Yes ☐ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

1. Insurer Name	Contract/Policy Number	Insured/Annuitant	☐ Replaced (R) or ☐ Financing (F)
2. Insurer Name	Contract/Policy Number	Insured/Annuitant	☐ Replaced (R) or ☐ Financing (F)
3. Insurer Name	Contract/Policy Number	Insured/Annuitant	☐ Replaced (R) or ☐ Financing (F)

P-SRFNAIC(2/10)

(continued)

SECTION 2 ■ This document must be signed by the applicant and the producer and a copy left with the applicant. (continued)

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision. The existing policy or contract is being replaced because:

SECTION 3 ■ SIGNATURES

APPLICANT

By signing below, I represent that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature

Month / Day / Year

Social Security Number

Applicant's Name *(please print)*

Joint Applicant's Signature

Month / Day / Year

Joint Applicant's Name *(please print)*

I do not want this notice read aloud to me. ____ *(applicants must initial only if they do not want the notice read aloud.)*

PRODUCER

I represent that I have left copies of the following sales material with the applicant:

☐ Illustrations ☐ Optional Benefits Brochure ☐ Investments Brochure ☐ Product Brochure

☐ Other Company approved materials *(please include brochure name)*

I acknowledge that Prudential will rely on this statement.

Producer's Signature

Month / Day / Year

Producer's Name *(please print)*

P-SRFNAIC(2/10)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

Are they affordable?
Could they change?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for the new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is this a tax-free exchange? (See your tax advisor.)
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability to the new company compare with your existing company?

NOTE TO THE APPLICANT ABOUT THE RIGHT TO CANCEL A NEW POLICY OR CONTRACT:

Within thirty (30) days of the delivery of the new policy or contract you have the right to return it and receive an unconditional full refund of all premiums or considerations paid on it, including any policy fees or charges or, in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender value provided under the policy or contract plus the fees and other charges deducted from the gross premiums or considerations or imposed under such policy or contract.

P-SRFNAIC(2/10)

Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification

Bypass Reason: PICA believes that federal law exempts these forms from any “Flesch score” or readability requirements in your statutes or regulations

Comments:

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: Not applicable as this is not a policy filing.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

PICA Only Cover Letter.pdf

Item Status: **Status Date:**

Satisfied - Item: Filing Fee Form

Comments:

Attachment:

AR - 7a PRU.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification of Compliance

Comments:

Attachment:

SERFF Tracking Number:	*PRUD-126421410*	*State:*	*Arkansas*
Filing Company:	*The Prudential Insurance Company of America*	*State Tracking Number:*	*44354*
Company Tracking Number:	*REPLACEMENT NOTICE*		
TOI:	*A10 Annuities - Other*	*Sub-TOI:*	*A10.000 Annuities - Other*
Product Name:	*Replacement Notice-PICA*		
Project Name/Number:	*Replacement Notice-PICA/Replacement Notice-PICA*		

AR - 7.pdf

Prudential Annuities
A Business of Prudential Financial, Inc.
1 Corporate Dr
Shelton, CT 06484
(800) 752-6342

VIA: SERFF

December 16, 2009

Hon. Jay Bradford, Insurance Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

Attn: Claudia Meeks

Re: The Prudential Insurance Company of America ("PICA, we, us")
NAIC No. 304-68214, FEIN No. 22-1211670

Forms Submitted for Approval:

NAIC Model Replacement Form, P-SRFNAIC(2/10)

Dear Ms. Meeks:

We submit for your approval a Replacement Notice substantially similar to the sample notice contained in Appendix A of the NAIC Life and Annuities Replacement Model Regulation. We are revising previously approved form P-RNCEC-ANN(2/07) which was approved by your Department on October 9, 2009 via SERFF Tracking Number PRUD-126336561. As in the previous filing, we are requesting permission to combine the NAIC Model Replacement Notice with an administrative section. We have added a section above the Producer's signature to accommodate the related regulatory requirement of obtaining the sales materials that were used in conjunction with the sale of an annuity. We do not propose any changes to the NAIC Model Replacement Notice. The NAIC Model State Replacement Notice as promulgated by your Department is contained within the proposed form. We confirm that other than the revisions noted below there are no other modifications to the previously approved form.

The NAIC Model Replacement Notice is revised as follows:

1. We have added the following section above the Producer's signature:

I represent that I have left copies of the following sales material with the applicant:

☐ Illustrations ☐ Optional Benefits Brochure ☐ Investments Brochure ☐ Product Brochure

☐ Other Company approved materials (Please include brochure name_____)

I acknowledge that Prudential will rely on this statement.

2. The revised form is slightly reformatted.

3. We have changed the form number to P-SRFNAIC(2/10).

Please note that the identical form is being filed simultaneously on behalf of Pruco Life Insurance Company and The Prudential Insurance Company of America.

The contact information of the Service Center, including address, telephone number and website, are subject to change from time to time. We have placed brackets around the contact information of the Service Center on the submitted form to indicate that we reserve the right to change such information without re-filing with your Department.

Variable annuities are issued by Pruco Life Insurance Company (in New York, by Pruco Life Insurance Company of New Jersey) and fixed annuities are issued by The Prudential Insurance Company of America, all located in Newark, NJ. Annuities are distributed by Prudential Annuities Distributors, Inc., Shelton, CT. All are Prudential Financial companies and each is solely responsible for its own financial condition and contractual obligations.

PICA believes that federal law exempts these forms from any “Flesch score” or readability requirements in your statutes or regulations. Unless otherwise informed, PICA reserves the right to alter the pagination, layout, (including sequential order), color, and typeface of these forms. PICA confirms any such change will be in conformance with your State’s filing requirements. Any filing materials we believe your Department requires are enclosed. Please contact the undersigned with any questions you may have.

Very truly yours,

Pamela Bonaparte-Golding
Contract Specialist
Tel: (800) 628-6039, Ext. 47544
E-mail: Pamela.Bonaparte-Golding@Prudential.com
Fax: (203) 944-7737

Enclosures

Variable annuities are issued by Pruco Life Insurance Company (in New York, by Pruco Life Insurance Company of New Jersey) and fixed annuities are issued by The Prudential Insurance Company of America, all located in Newark, NJ. Annuities are distributed by Prudential Annuities Distributors, Inc., Shelton, CT. All are Prudential Financial companies and each is solely responsible for its own financial condition and contractual obligations.

ARKANSAS INSURANCE DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

501-686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: The Prudential Insurance Company of America

Company NAIC Code: 68241

Company Contact Person & Telephone # Pamela Bonaparte-Golding (203)944-7544

INSURANCE DEPARTMENT USE ONLY

ANALYST:_____ AMOUNT:_____ ROUTE SLIP:_____

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.	* ___x $ 50 =___ **Retaliatory___
Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* ___x $ 50 =___ **Retaliatory___
Life and/or Disability: Filing and review of Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.	* _1_x $ 20 = $20 **Retaliatory___
Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.	* ___x $ 25 =___ **Retaliatory___

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.	* ___ x $400=___
Filing to amend Certificate of Authority.	***___x $100=___

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. § 23-61-401.

The Prudential Insurance Company of America
213 Washington Street
Newark, NJ 07102

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

I hereby certify that Pruco Life Insurance Company complies with the requirements of Rules and Regulation #34 of the Arkansas Insurance Department regarding our Form No. P-SRFNAIC(2/10).

Suzanne Hurel – Vice President, Contracts

December 16, 2009
Date