

SERFF Tracking Number: TCRE-126006251 State: Arkansas  
Filing Company: Teachers Insurance and Annuity Association of America State Tracking Number: 41479  
Company Tracking Number: SR-403B-E1  
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium  
Product Name: SR - Stable Return  
Project Name/Number: 2009-03-TIAA SR 403b endorsement/SR-403b-E1

## Filing at a Glance

Company: Teachers Insurance and Annuity Association of America

Product Name: SR - Stable Return SERFF Tr Num: TCRE-126006251 State: ArkansasLH  
TOI: A02G Group Annuities - Deferred Non-variable SERFF Status: Closed State Tr Num: 41479  
Sub-TOI: A02G.002 Flexible Premium Co Tr Num: SR-403B-E1 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Audrey Bozzetto Disposition Date: 02/10/2009  
Date Submitted: 02/06/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: 2009-03-TIAA SR 403b endorsement Status of Filing in Domicile: Pending  
Project Number: SR-403b-E1 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Overall Rate Impact: Group Market Type: Employer  
Filing Status Changed: 02/10/2009 Explanation for Other Group Market Type:  
State Status Changed: 02/10/2009 Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Enclosed for approval is the above referenced form. This form does not replace any previously submitted form.

Form SR-403b-E1 is an endorsement to be issued with, or mailed to enforce contractholders of our Stable Return Contract.

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This endorsement is necessary in order to comply with the IRS 403(b) regulations that require that certain provisions required by that regulation not only be in the written 403(b) plan document but in contracts funding the 403(b) plan as well.

We have bracketed those elements that are being submitted as variable.

The form scores over 50 on the Flesch readability test.

This form will be pre-printed or laser emitted with identical language approved by the Department. We reserve the right to change the book-turn duplex printing, pagination, location of print lines and words, signature graphics, and the type of font (but not point size to less than 10) of this form without resubmitting for approval.

We would like to implement this form as soon as possible. If you have any questions about this form or if there is anything we can do to make your review easier, please call me at 800-842-2733, extension 23-1600.

Thank you for your consideration of this submission.

## Company and Contact

### Filing Contact Information

Audrey Bozzetto, Senior Contract Forms Specialist  
730 Third Avenue  
New York, NY 10017  
abozzetto@tiaa-cref.org  
(800) 842-2733 [Phone]  
(212) 916-5903[FAX]

### Filing Company Information

Teachers Insurance and Annuity Association of America  
730 Third Avenue  
New York, NY 10017  
CoCode: 69345  
Group Code: 1216  
Group Name: TIAA-CREF  
FEIN Number: 13-1624203  
State of Domicile: New York  
Company Type: L&H  
State ID Number:  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 endorsement X \$20=\$20  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Teachers Insurance and Annuity Association of America	\$20.00	02/06/2009	25553068

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/10/2009	02/10/2009

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## Disposition

Disposition Date: 02/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Endorsement to your TIAA Stable Return Contract		Yes

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## Form Schedule

Lead Form Number: SR-403b-E1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SR-403b-E1	Policy/Cont	Endorsement to your Initial Contract	Initial		62	SR-403b-E1.pdf
		al	Contract				
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

**TEACHERS INSURANCE AND ANNUITY ASSOCIATION OF AMERICA  
(TIAA)**

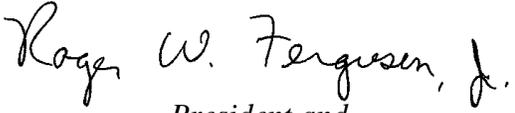
730 Third Avenue, New York, N.Y. 10017-3206  
Telephone: [800-842-2733]

**Endorsement to Your TIAA Stable Return Contract**

Effective Date: [ Upon receipt / Attached at issue]

This endorsement is part of your contract with TIAA. It adds a provision to your contract, as follows:

This contract is intended to comply with Section 403(b) of the Internal Revenue Code of 1986, as amended, and its terms shall be interpreted accordingly. As such, TIAA and the Employer shall apply the limitations of and follow the requirements of Treasury Regulation sections 1.403(b)-3(a)(4) (deferral limitations), 1.403(b)-3(a)(6) (minimum required distributions), 1.403(b)-3(a)(7) (rollover distribution requirements), 1.403(b)-3(a)(8) (limitation on incidental benefits) and 1.403(b)-3(a)(9) (maximum annual additions) and such other limitations, requirements or successor Treasury regulation sections as may be promulgated pursuant to Applicable Law.

  
*President and  
Chief Executive Officer*

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Flesch Certification 01/26/2009  
**Comments:**  
**Attachment:**  
AR ComplianceCertification.pdf

**Review Status:**  
**Satisfied -Name:** Statement of Variability 02/02/2009  
**Comments:**  
**Attachment:**  
Statement of Variability.pdf

STATE OF ARKANSAS

CERTIFICATIONS

You have our assurance that we are in compliance with the applicable sections of Ark. Code Ann. 23-79-138.

You also have our assurance that we provide the Life and Health Guaranty Association notice to each certificate holder in compliance with the requirements of Regulation 49.

I hereby certify that I have reviewed the form listed below; and that, to the best of my knowledge, information, and belief the form listed below meets the provisions of the Arkansas Insurance Regulation 19 and all applicable requirements of the Arkansas State Insurance Department.

This is to certify that the form listed below meets the minimum Flesch Reading Ease Score required in Arkansas.

Form: SR-403b-E1

A handwritten signature in black ink, appearing to read 'Peretz Perl', written in a cursive style.

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Peretz Perl, FSA, MAAA  
Director and Actuary  
February 2, 2009

Memorandum of Variable Material

January 21, 2009

Policy Form:  
SR-403b-E1

Bracketed Item

Range of Values

Telephone Number

Company telephone  
number as of issue date.

Effective Date

“Upon receipt”  
or  
“Attached at issue”

Signatures & Titles

Names of company  
officers as of issue date.