

SERFF Tracking Number: GARD-126234397 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 43015
Inc.
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 8562AR-001
Project Name/Number: /

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: 8562AR-001

SERFF Tr Num: GARD-126234397 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 43015
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Diane Pappas, Migdalia
Rosado

Disposition Date: 07/27/2009

Date Submitted: 07/22/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

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: 07/27/2009

Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:

Created By: Migdalia Rosado

Submitted By: Diane Pappas

Corresponding Filing Tracking Number:

Filing Description:

Re: The Guardian Insurance & Annuity Company, Inc. NAIC No. 78778

Group Certificate Form EMT-GUL97

Dear Commissioner:

The above captioned form is being submitted for filing by your Department. The form will be used with our GP-GUL97 policy series approved by your Department on October 24, 1997.

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Certificate form EMT-GUL97 is new and does not replace any other form. The new form provides that the Guaranteed Cost of Insurance rates for our Group Flexible Premium Adjustable Life Insurance product are based on the Commissioners 2001 Standard Ordinary Mortality Table, male, smoker/nonsmoker. The new form was approved by the domiciliary state, Delaware, on June 2, 2009.

The form in this submission was developed using simplified language. The form has a Flesch reading ease test score of at least 40. The form was computer-scored. The certification of readability scores required by your Department is attached.

The captioned forms are being submitted in a final, printed state for filing purposes. In actual use they may be prepared by a word processor on a case-by-case basis. Also, we reserve the right to make small format changes in the forms. However, we assure you that each block of text will always be appropriately identified by filing number, and that we will not modify text beyond the parameters specified at the time of the filing and/or approval.

A filing fee in the amount of \$20.00 is being sent to your Department via EFT.

Your early consideration of this submission will be greatly appreciated.

Sincerely,

Joseph J. Collins
Contract Analyst
Group Contracts
(212) 919-2555

Fax# (212) 919-3339
E mail: Joe_Collins@glic.com

Company and Contact

Filing Contact Information

Migdalia Rosado, Complaint/Compliance Coordinator
7 Hanover Square
Migdalia_Rosado@glic.com
212-598-8862 [Phone]

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New York, NY 10004 212-919-3339 [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: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$20.00	07/22/2009	29361479

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/27/2009	07/27/2009

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Disposition

Disposition Date: 07/27/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	ENDORSEMENT		Yes

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Form Schedule

Lead Form Number: EMT-GUL97

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EMT-GUL97	Certificate	ENDORSEMENT	Initial			EMT-GUL97.pdf
		Amendmen	t, Insert				
			Page,				
			Endorseme				
			nt or Rider				

ENDORSEMENT

Issue Date: Applicable to certificates issued on or after January 1, 2009.

This endorsement:

- Is attached to and made a part of this certificate; and
- Is subject to all of the applicable provisions of the certificate.

The "Monthly Cost of Insurance" provision is modified to the extent that the reference to the Commissioners 1980 Standard Ordinary Mortality Table, male, smoker, non-smoker appearing therein is changed to the Commissioners 2001 Standard Ordinary Mortality Table, male, smoker, non-smoker.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability form.pdf		

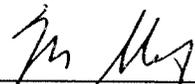
	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:		

CERTIFICATION OF READABILITY

Form number(s): EMT-GUL97

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 40 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



(Signature of Officer)

Date: 7/21/2009



Group Contracts