

SERFF Tracking Number: GARD-126974989 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 47687
Inc.
Company Tracking Number: EB-016001 (12/10)
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Replacement Form for Annuities
Project Name/Number: Replacement Form for Annuities/EB-016001 (12/10)

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: Replacement Form for Annuities SERFF Tr Num: GARD-126974989 State: Arkansas

TOI: A10 Annuities - Other SERFF Status: Closed-Approved- Closed State Tr Num: 47687

Sub-TOI: A10.000 Annuities - Other Co Tr Num: EB-016001 (12/10) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Lisa Capella, Louis A Disposition Date: 01/18/2011

Conte, Peter Diggins, Margaret
Lewis-Forbes, John Monahan,
Monica Wilson, Carline Hamilton,
Kathleen Tobin

Date Submitted: 01/12/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Replacement Form for Annuities

Status of Filing in Domicile: Not Filed

Project Number: EB-016001 (12/10)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/18/2011

State Status Changed: 01/18/2011

Deemer Date:

Created By: Lisa Capella

Submitted By: Peter Diggins

Corresponding Filing Tracking Number:

Filing Description:

Re: The Guardian Insurance & Annuity Company, Inc. (GIAC)

NAIC Number: 429-78778

Notice of Replacement Form EB-016001 (12/10)

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Dear Commissioner:

We are enclosing the above form for your approval.

This form is intended to satisfy the Important Notice and existing insurance requirements of your Department's replacement of life insurance regulation and will be used with all of our currently available Annuity products.

Currently, we use an exact duplicate of the Important Notice that is included in your Replacement regulation for all of our products. However, for our annuity product line we have decided to add the existing insurance question applicable to the applicant and agent to the form. Because the form is no longer identical to the notice provided in your Department's replacement regulation, we are filing it for your Department's approval.

Other than the changes noted above, all the required text that is shown in the exhibit that is part of the replacement regulation is contained in this form.

Any applicable certifications, transmittals and filing fees are enclosed as required. A Statement of Variability, which describes those elements that are variable in nature, is also enclosed.

I hope this information is satisfactory and that we may receive your Department's approval of these forms at your earliest convenience. If you have any questions, please feel free to contact me at (212) 598-7436, or by e-mailing me at Peter_J_Diggins@glic.com.

Sincerely,

Pete Diggins, Director
Individual Life - Compliance

Company and Contact

Filing Contact Information

Lisa Capella, Specialist
7 Hanover Square
New York, NY 10004

lcapella@glic.com
212-598-1321 [Phone]
212-919-2592 [FAX]

Filing Company Information

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 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:
 Fee in DE (our state of domicile) is \$50 per form
 1 Form X \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$50.00	01/12/2011	43695552

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/18/2011	01/18/2011

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Disposition

Disposition Date: 01/18/2011

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	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Form	Important Notice: Replacement Form for Life Insurance or Annuities	Yes	Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EB-016001 (12/10)	Other	Important Notice: Replacement Form for Life Insurance or Annuities	Initial		0.000	EB-016001 (12.10).pdf



IMPORTANT NOTICE replacement form for life insurance or annuities

Regular Mail – Send To:

The Guardian Insurance & Annuity Company, Inc.
Retirement Solutions
P. O. Box 26210
Lehigh Valley, PA 18002-6210

Express Mail – Send To:

The Guardian Insurance & Annuity Company, Inc.
Retirement Solutions
3900 Burgess Place, 3 South
Bethlehem, PA 18017

Questions / Customer Service

Call (800) 221-3253, Options 1,0
M - F, 8:30 a.m. - 7:00 p.m. ET **or**
Visit www.guardianinvestor.com
Fax (610) 807-6083 **or** (610) 807-7841

Use this form with every transaction. This document must be signed by the applicant and the producer, if there is one. Leave a copy with the owner.

1. EXISTING POLICIES

Do you have any existing life insurance and/or annuity policies (including existing policies in the process of being lapsed or surrendered)?

- No** (Signatures required on page 2)
- Yes** (Read and complete the rest of this form and sign on page 2.)

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

2. REPLACEMENT

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 financial 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 interest. 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 next page 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? **Yes** **No**
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? **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.

Insurer Name	Contract or Policy Number	Insured or Annuitant	Replaced (R) or Financing (F)

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 inforce 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

2. REPLACEMENT (Continued)

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 a 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 contract or policy under the federal tax code?
- Will the existing insurer be willing to modify the old contract or policy?
- How does the quality and financial stability of the new company compare with your existing company?

3. APPLICANT (OWNER) SIGNATURE

I/We certify that the responses herein are, to the best of my/our knowledge, accurate.

Print Name of Applicant	Signature of Applicant X	SSN	Date (mm/dd/yyyy)
Print Name of Joint Applicant	Signature of Joint Applicant X	SSN	Date (mm/dd/yyyy)

4. PRODUCER SIGNATURE

Does this applicant have any existing life insurance and/or annuity policies (including existing policies in the process of being lapsed or surrendered)?

Yes

No

I certify that the responses herein are, to the best of my knowledge, accurate.

Producer Certification for Replacement Transaction: By my signature, I hereby certify that I have used only the company's approved sales material in connection with this sale and that copies of all sales materials and/or illustrations or proposals were left with the applicant. Any company-approved electronically presented sales materials and/or illustrations or proposals will be provided in printed form to the applicant no later than at the time of the policy or contract delivery. I further certify that this replacement transaction follows the company's written replacement policy.

Name of Producer (printed)	Signature of Producer X	State	Date (mm/dd/yyyy)
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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability for EB-016001 (12-10).pdf

The Guardian Insurance & Annuity Company, Inc.

Statement of Variable Material for Filing of Important Notice Form EB-016001 (12/10)

The following describes the variable data in the above form. The areas where the variables appear within the form attached to this submission is bracketed.

Variable 1 (Page 1: Regular Mail Address):

This is the mailing address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to have the ability to change the address of the company without resubmitting the applications. The current CSO address is PO Box 26210, Lehigh Valley, PA 18002-6210.

Variable 2 (Page 1: Express Mail Address):

This is the Express mail address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to have the ability to change the address of the company without resubmitting the applications. The current CSO address is 3900 Burgess Place, 3 South, Bethlehem, PA 18017.

Variable 3 (Page 1: Company Phone number/website information):

This area is variable and includes contact information related to various phone numbers and website addresses.

Currently this information is: Call 1(800)221-3253, Options 1,0
M-F 8:30 a.m – 7 p.m. ET or
Visit www.guardianinvestor.com
Fax (610)807-6083 or (610)807-7841



Variable 2

Variable 3

The Guardian Insurance & Annuity Company, Inc.

Variable 1

IMPORTANT NOTICE replacement form for life insurance or annuities

Regular Mail – Send To:

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Retirement Solutions
P. O. Box 26210
Lehigh Valley, PA 18002-6210

Express Mail – Send To:

The Guardian Insurance & Annuity Company, Inc.

Retirement Solutions
3900 Burgess Place, 3 South
Bethlehem, PA 18017

Questions / Customer Service

Call (800) 221-3253, Options 1,0
M - F, 8:30 a.m. - 7:00 p.m. ET **or**
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Insurer Name	Contract or Policy Number	Insured or Annuitant	Replaced (R) or Financing (F)

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The existing policy or contract is being replaced because