

SERFF Tracking Number: GARD-127164951 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company Inc. State Tracking Number: 49049
 Company Tracking Number: GVFA-APP 2011
 TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable Sub-TOI: A02.1G.002 Flexible Premium
 Product Name: Group Variable Annuity Application 2011
 Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.

Product Name: Group Variable Annuity Application 2011 SERFF Tr Num: GARD-127164951 State: Arkansas

TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable SERFF Status: Closed-Approved-Closed State Tr Num: 49049

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: GVFA-APP 2011 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Disposition Date: 06/21/2011
 Authors: Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Monica Wilson, Carline Hamilton, Kathleen Tobin

Date Submitted: 06/14/2011 Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Group Variable Annuity Application 2011

Project Number: GVFA-APP 2011

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/21/2011

State Status Changed: 06/21/2011

Created By: Lisa Capella

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Peter Diggins

Re: The Guardian Life Insurance Company of America

SERFF Tracking Number: GARD-127164951 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 49049
 Inc.
 Company Tracking Number: GVFA-APP 2011
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Variable Annuity Application 2011
 Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011
 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: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$50 per form x 2 = \$100
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Insurance & Annuity Company Inc.	\$100.00	06/14/2011	48669741

SERFF Tracking Number: GARD-127164951 State: Arkansas
Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 49049
Inc.
Company Tracking Number: GVFA-APP 2011
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Variable Annuity Application 2011
Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/21/2011	06/21/2011

SERFF Tracking Number: GARD-127164951 *State:* Arkansas
Filing Company: The Guardian Insurance & Annuity Company *State Tracking Number:* 49049
Inc.
Company Tracking Number: GVFA-APP 2011
TOI: A02.1G Group Annuities - Deferred Non- *Sub-TOI:* A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Variable Annuity Application 2011
Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Disposition

Disposition Date: 06/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GARD-127164951 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 49049
 Inc.
 Company Tracking Number: GVFA-APP 2011
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Variable Annuity Application 2011
 Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Appendix A		Yes
Supporting Document	Statement of Variability		Yes
Form	Group Variable Funding Agreement		Yes
	Application		
Form	Group Variable Annuity Contract		Yes
	Application		

SERFF Tracking Number: GARD-127164951 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 49049
 Inc.
 Company Tracking Number: GVFA-APP 2011
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Variable Annuity Application 2011
 Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Form Schedule

Lead Form Number: GVFA-APP 2011

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GVFA-APP 2011	Application/ Enrollment Form	Group Variable Funding Agreement Application	Initial		0.000	GVFA-APP 2011.pdf
	GVAC-APP 2011	Application/ Enrollment Form	Group Variable Annuity Contract Application	Initial		0.000	GVAC-APP 2011.pdf



**[The Guardian Choice[®]]
Group Variable Funding Agreement Application**

Plan Information

Legal Plan Name

Plan Trustee (s)

Company Sponsoring Plan

Telephone Number

Mailing Address

City

State

Zip

Street Address (If mailing address is a P.O. Box)

City

State

Zip

Plan Type (for funding of Internal Revenue Code § 401(a) plans only)

401(k) Profit Sharing Money Purchase SIMPLE 401(k) Defined Benefit Other _____

Allocation Options

For the specific investment options that comprise the following selections please refer to the Variable Investment Option Selection Form.

Select List I

Select List II

Plan Trustee's Customized List]

Fixed Rate Option: Yes

No

QDIA Selection (if any): _____

Agent Information

Agent or Registered Representative (Type or print name)

Agent or Registered Representative Signature

Name of Broker Dealer (Type or print name)

Branch No. /R. R.

Dealer Branch Office Street Address

Branch Office

City

State

Zip

Telephone

Fax

E-mail

State License # (Florida Reps Only)

Co-Agent/Co-Registered Representative (if any)

Branch No. /R. R.

Co-Agent/Co-Registered Representative Signature



GUARDIAN®

[The Guardian Advantage®]
Group Variable Annuity Contract Application

Plan Information

Legal Plan Name

Plan Trustee (s)

Company Sponsoring Plan

Telephone Number

Mailing Address

City

State

Zip

Street Address (If mailing address is a P.O. Box)

City

State

Zip

Plan Type (for funding of Internal Revenue Code § 401(a) plans only)

401(k) Profit Sharing Money Purchase SIMPLE 401(k) Defined Benefit Other _____

Allocation Options

For the specific investment options that comprise the following selections please refer to the Variable Investment Option Selection Form.

Select List I

Select List II

Plan Trustee's Customized List]

Fixed Rate Option: Yes

No

QDIA Selection (if any): _____

Agent Information

Agent or Registered Representative (Type or print name)

Agent or Registered Representative Signature

Name of Broker Dealer (Type or print name)

Branch No. /R. R.

Dealer Branch Office Street Address

Branch Office

City

State

Zip

Telephone

Fax

E-mail

State License # (Florida Reps Only)

Co-Agent/Co-Registered Representative (if any)

Branch No. /R. R.

Co-Agent/Co-Registered Representative Signature



GUARDIAN®

For Residents of Arkansas, Kentucky, Louisiana, New Mexico, Ohio and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for 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 subjects such person to criminal and civil penalties.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For Residents of District of Columbia (Washington D.C.): It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Maine, Tennessee, Washington and Virginia: It is a crime to knowingly provide false, incomplete or misleading information to any insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

For Residents of Maryland and Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Jersey: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of Oklahoma: Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Signatures

All statements made in this application are true to the best of my (our) knowledge and belief, and I (we) agree that they are adopted by and are binding on me (us) and shall form the basis for the Group Variable Annuity Contract ("the Contract") issued by The Guardian Insurance & Annuity Company, Inc. ("the Company"). I (we) understand that the Contract applied for shall not take effect until receipt and acceptance of this application, completed in good order, at the Company's Customer Service Center. If the Company fails to accept this application, no Contract will be issued and any Deposit will be refunded. No agent can change the Contract, waive any of the Company's requirements, or waive the requirement to answer any question on this application. I (we) further agree that this application shall be affixed to and become part of the Contract and I (we) verify my (our) understanding that all payments and values provided by the Contract, when based on the investment experience of the separate account, are variable and are not guaranteed as to a specific dollar amount. I (we) represent that the Plan is qualified under Internal Revenue Code Section 401(a) and is therefore exempt from taxation under Section 501(a). I (we) agree that I (we) understand the terms and conditions of the Contract. I (we) acknowledge receipt of the Disclosure Document, the Specimen Contract and the Contract Offer and agree that I (we) understand the charges and fees, as described in these documents, which may be assessed under the Contract. As trustee of the above-referenced Plan and acting as a fiduciary on behalf of the Plan, I (we) further acknowledge that this Contract is a suitable funding vehicle for the Plan.

Name of Plan Trustee(s)

By: _____
Plan Trustee Signature Date Plan Trustee Signature Date

The Guardian Insurance & Annuity Company, Inc.
Guardian Retirement Solutions
Group Client Services

Regular Mail:
[P.O. Box 26280
Lehigh Valley, PA 18002-6280]

Express Mail:
[3900 Burgess Place, 3S
Bethlehem, PA 18017]

Telephone: [877-500-2380]
Facsimile: [610-807-6900]

SERFF Tracking Number: GARD-127164951 State: Arkansas
 Filing Company: The Guardian Insurance & Annuity Company State Tracking Number: 49049
 Inc.
 Company Tracking Number: GVFA-APP 2011
 TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
 Variable and Variable
 Product Name: Group Variable Annuity Application 2011
 Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Flesch Certification is not applicable to this application filing.		
Attachment: Certificate of Compliance with Rule 19 and 49.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The application being filed for approval is in the form schedule.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: Not applicable to our filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Appendix A		
Comments:		
Attachment: AR Appendix A.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		

SERFF Tracking Number: GARD-127164951 *State:* Arkansas
Filing Company: The Guardian Insurance & Annuity Company *State Tracking Number:* 49049
Inc.
Company Tracking Number: GVFA-APP 2011
TOI: A02.1G Group Annuities - Deferred Non- *Sub-TOI:* A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Group Variable Annuity Application 2011
Project Name/Number: Group Variable Annuity Application 2011/GVFA-APP 2011

Comments:

Attachment:

Statement of Variability for GVAC-APP 2011 and GVFA-APP 2011.pdf



**Certificate of Compliance with
Arkansas Rule and Regulation 19 and 49**

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

Form Number(s):

GVFA-APP-2011

Group Variable Funding Agreement Application

GVAC-APP-2011

Group Variable Annuity Contract Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.

Signature of Company Officer

Pete Diggins

Name

Director

Title

June 10, 2011

Date

State of Arkansas

Appendix A

New Form Number	Contract with which it will be used	Approval Date/ DOI File # of Previously Approved Contract
GVFA-APP 2011	08-GVFA	5/20/08 #38957
GVAC-APP 2011	GVA 9000	2/1/96

The Guardian Insurance & Annuity Company, Inc.

Statement of Variable Material for Application Forms GVAC-APP 2011 and GVFA-APP 2011

The following describes the variable data in the above application forms. The areas where the variables appear within the applications attached to this submission are bracketed.

For each of the applications referred to above, the following are being filed as variable:

Variable 1 (Page 1 - Product Name):

The marketing name of the product that the applications will be used to apply for is shown in this area. We are considering this as variable data since we would like to have the ability to change the marketing name of the product without resubmitting the applications. The current names are: The Guardian Advantage for Application GVAC-APP 2011 and The Guardian Choice for Application GVFA-APP 2011.

Variable 2 (Page 1 - Allocation Options):

These are the groups of variable investment options that are available under the plan. The 3 choices of groups of funds that the owner can select for this product are: Select List I, Select List II and Plan Trustee's Customized List.

Variable 2 (Page 2 - Customer Service Office Address, Telephone Number and Facsimile):

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 P.O. Box 26280, Lehigh Valley, PA 18002-6280 for regular mail and 3900 Burgess Place, 3 South, Bethlehem, PA 18017 for express mail. The telephone number is (877) 500-2380 and the facsimile number is (610) 807-6900.