

SERFF Tracking Number: PRUD-127287242 State: Arkansas  
Filing Company: The Prudential Insurance Company of America State Tracking Number: 49122  
Company Tracking Number: P-SRFNAIC(8/11)  
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
Product Name: P-SRFNAIC(8/11)  
Project Name/Number: P-SRFNAIC(8/11)/P-SRFNAIC(8/11)

## Filing at a Glance

Company: The Prudential Insurance Company of America

Product Name: P-SRFNAIC(8/11)

SERFF Tr Num: PRUD-127287242 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49122

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: P-SRFNAIC(8/11)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Elaine Tweedus, John

Disposition Date: 06/27/2011

Witteman, Anthony Pereira, Carolyn

Cargnel, Pamela Bonaparte-

Golding, Corey Geissman, Starr

Merritt, Mila Shafir

Date Submitted: 06/23/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: P-SRFNAIC(8/11)

Status of Filing in Domicile: Pending

Project Number: P-SRFNAIC(8/11)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The form is being filed in the domicile state of The Prudential Insurance Company of America (New Jersey) as the form is not exempt in that companies home state.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/27/2011

State Status Changed: 06/27/2011

Deemer Date:

Created By: Pamela Bonaparte-Golding

Submitted By: Pamela Bonaparte-Golding

Corresponding Filing Tracking Number:

Filing Description:

VIA: SERFF

June 23, 2011

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Honorable Jay Bradford, Insurance Commissioner  
Life and Health Division  
Arkansas Insurance Department  
200 West Third Street  
Little Rock, AR 72201

Attn Claudia Meeks, Rates and Form Filings

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(8/11)

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. The submitted Replacement Notice is similar to previously approved form P-SRFNAIC(2/10), approved by your Department on December 21, 2011 via SERFF Tracking Number PRUD-126421410.

The submitted Replacement Notice has been revised for new business purposes. We have added clarifying language in section 3 on page 2 and to the Right to Cancel section on page 3.

We have placed brackets around the contact information for the Annuities Service Center as this information is subject to change from time to time. We reserve the right to change the contact information without re-filing with your Department.

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

We believe that federal law exempts these forms from any "Flesch score" or readability requirements in your statutes or regulations. Unless otherwise informed, we reserve the right to alter the pagination, layout, (including sequential order), color, and typeface of these forms. We confirm 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.

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Very truly yours,

Pamela Bonaparte-Golding  
 Contract Specialist  
 Phone: (203) 944-7544, Fax: (203) 944-7737  
 Email: pamela.bonaparte-golding@prudential.com

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Prudential Insurance Company of America	\$50.00	06/23/2011	49039994

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/27/2011	06/27/2011

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## Disposition

Disposition Date: 06/27/2011

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		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Form	Replacement Notice		Yes

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## Form Schedule

**Lead Form Number: P-SRFNAIC(8/11)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	P-SRFNAIC(8/11)	Other	Replacement Notice	Initial		0.000	P-SRFNAIC(8-11) Brackets.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 1-888-778-2888  
Fax 1-800-576-1217

### 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 page 3 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	<input type="checkbox"/> Replaced (R) or <input type="checkbox"/> Financing (F)
_____	_____	_____	
2. Insurer Name	Contract/Policy Number	Insured/Annuitant	<input type="checkbox"/> Replaced (R) or <input type="checkbox"/> Financing (F)
_____	_____	_____	
3. Insurer Name	Contract/Policy Number	Insured/Annuitant	<input type="checkbox"/> Replaced (R) or <input type="checkbox"/> Financing (F)
_____	_____	_____	

**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 and I have received and read page 3 of this Replacement Notice:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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)* \_\_\_\_\_

*\*Copies of Illustrations used must be submitted with this form.*

I acknowledge that Prudential will rely on this statement.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Producer's Signature                      Month    Day    Year

\_\_\_\_\_  
Producer's Name *(please print)*

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 of the new company compare with your existing company?

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

If you are replacing an existing 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.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
AR - 7.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> not applicable to this Replacement notice filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> not applicable to this Replacement notice filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b>		
PICA Only Cover Letter.pdf		

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

**STATE OF ARKANSAS**

**CERTIFICATION OF COMPLIANCE**

I hereby certify that The Prudential Insurance Company of America complies with the requirements of Rules and Regulations #s 34, 19, and 49 of the Arkansas Insurance Department regarding our Form No. P-SRFNAIC(8/11).



**Suzanne Hurel – Vice President, Contracts**

June 22, 2011  
**Date**



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

**VIA: SERFF**  
June 23, 2011

Honorable Jay Bradford, Insurance Commissioner  
Life and Health Division  
Arkansas Insurance Department  
200 West Third Street  
Little Rock, AR 72201

Attn Claudia Meeks, Rates and Form Filings

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(8/11)

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. The submitted Replacement Notice is similar to previously approved form P-SRFNAIC(2/10), approved by your Department on December 21, 2011 via SERFF Tracking Number PRUD-126421410.

The submitted Replacement Notice has been revised for new business purposes. We have added clarifying language in section 3 on page 2 and to the Right to Cancel section on page 3.

We have placed brackets around the contact information for the Annuities Service Center as this information is subject to change from time to time. We reserve the right to change the contact information without re-filing with your Department.

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

We believe that federal law exempts these forms from any "Flesch score" or readability requirements in your statutes or regulations. Unless otherwise informed, we reserve the right to alter the pagination, layout, (including sequential order), color, and typeface of these forms. We confirm 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,

A handwritten signature in blue ink that reads "Pamela Bonaparte-Golding".

Pamela Bonaparte-Golding  
Contract Specialist  
Phone: (203) 944-7544, Fax: (203) 944-7737  
Email: [pamela.bonaparte-golding@prudential.com](mailto:pamela.bonaparte-golding@prudential.com)

Enclosures