



OFFICE OF INSURANCE REGULATION

**FILED**

OCT 05 2023

INSURANCE REGULATION  
Docketed by: *SA*

IN THE MATTER OF:

CASE NO.: 307968-23

EMPOWER ANNUITY  
INSURANCE COMPANY

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CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by EMPOWER ANNUITY INSURANCE COMPANY ("EMPOWER ANNUITY"), which was formerly known as Prudential Retirement Insurance and Annuity Company ("Prudential"), to use previously approved Prudential forms with the new name without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. EMPOWER ANNUITY is a foreign life and health insurer domiciled in Connecticut and authorized to transact insurance business in Florida.
3. Prudential has applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to change its name to EMPOWER ANNUITY, effective February 7, 2023, pursuant to the requirements set forth by Section 627.410, Florida Statutes. The name change was

approved, and the OFFICE issued a new Certificate of Authority, attached as Exhibit A, reflecting the name change.

4. In conjunction with the request to use previously approved Prudential forms, EMPOWER ANNUITY has filed with the OFFICE a Name Change Endorsement, which reflects the corporate name change from Prudential to EMPOWER ANNUITY. The endorsement is attached as Exhibit B.

5. EMPOWER ANNUITY states that no material changes were realized within the corporate structure.

6. As a material condition to approval of the above request, EMPOWER ANNUITY, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Prudential in Florida comply with applicable provisions of the Florida Insurance Code. EMPOWER ANNUITY further certifies that the only change required to achieve compliance prospectively is the substitution of the name EMPOWER ANNUITY in lieu of Prudential and the only change in the forms is the name and logo. If the above certification is not correct, EMPOWER ANNUITY acknowledges that such misrepresentations may be considered willful, and penalties assessed accordingly.

7. Attached as Exhibit C is a list of all policy forms EMPOWER ANNUITY has that are currently in use to administer in-force business. EMPOWER ANNUITY will modify the forms contained in these exhibits with the name and logo change with the exception of those forms that EMPOWER ANNUITY has indicated are no longer sold or marketed.

8. EMPOWER ANNUITY shall mail to each of its insureds a copy of the name change endorsement. EMPOWER ANNUITY may continue to sell the old policy forms, with the name change endorsement, for a period of 90 days after the date this Consent Order is executed by

the OFFICE. During the 90-day time period allowed by this paragraph, EMPOWER ANNUITY shall reprint the policy forms contained in Exhibit C, with the exception of those forms that EMPOWER ANNUITY has indicated are no longer sold or marketed, containing the new corporate name and logo. After 90 days from the date this Consent Order is executed by the OFFICE, EMPOWER ANNUITY shall only sell policy forms containing the new company name and logo and is not authorized to sell previously approved policies containing the old information with a name change endorsement affixed.

9. EMPOWER ANNUITY shall pay costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. EMPOWER ANNUITY shall send payment for the administrative costs to the payment address on the attached invoice.

10. EMPOWER ANNUITY shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

11. EMPOWER ANNUITY agrees that any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

12. EMPOWER ANNUITY agrees that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon EMPOWER ANNUITY's Certificate of Authority in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. EMPOWER ANNUITY expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. EMPOWER ANNUITY hereby knowingly and voluntarily waives all rights of any kind to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

14. EMPOWER ANNUITY affirms that all requirements set forth herein are material to the issuance of this Consent Order.

15. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

16. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representative of EMPOWER ANNUITY, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, EMPOWER ANNUITY agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

*(The remainder of this page is intentionally left blank.)*

WHEREFORE, the agreement between EMPOWER ANNUITY INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use previously approved Prudential forms with the new name and logo without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 5<sup>th</sup> day of OCTOBER, 2023.



  
Michael Yaworsky, Commissioner  
Office of Insurance Regulation

By execution hereof, EMPOWER ANNUITY INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind EMPOWER ANNUITY INSURANCE COMPANY to the terms and conditions of this Consent Order.

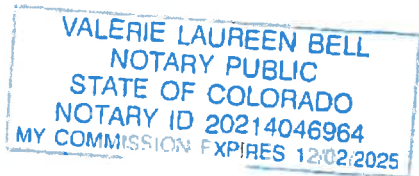


EMPOWER ANNUITY INSURANCE COMPANY

By: Judd Thompson  
Print Name: Judd Thompson  
Title: Associate General Counsel  
Date: 10/4/2023

STATE OF Colorado  
COUNTY OF Arapahoe

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this 4<sup>th</sup> day of October 2023, by Judd Thompson (name of person signing for company) as officer for Empower (type of authority; e.g., officer, trustee, attorney in fact) (company name).



Valerie Bell  
(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**COPIES FURNISHED TO:**

**Camilia Nguyen**  
**Empower Annuity Insurance Company**  
**8515 E. Orchard Road**  
**Greenwood Village, Colorado, 80111**  
**camilia.nguyen@Empower.com**

**JAMES DUNN**  
**Director**  
**Life & Health Product Review**  
**Office of Insurance Regulation**  
**200 East Gaines Street**  
**Tallahassee, FL 32399-0329**

**CRYSTAL D. STEPHENS**  
**Assistant General Counsel**  
**Office of Insurance Regulation**  
**200 East Gaines Street**  
**Tallahassee, Florida 32399-0329**  
**Phone: (850) 413-4169**  
**Email: crystal.stephens@flor.com**



MICHAEL YAWORSKY  
INSURANCE COMMISSIONER

## INVOICE

EMPOWER ANNUITY INSURANCE COMPANY  
280 TRUMBULL STREET, ONE COMMERCIAL PLAZA  
HARTFORD, CT 06103-3509

INVOICE DATE: August 15, 2023

INVOICE #: OIR 23-029242

Employee filing request: Olivia Jacob, Administrative Assistant I for OIR, (850) 443-4245  
Invoice requested by Crystal Stephens for matter #307968-23

Description	Units	Rate	Price
1249J: ADMINISTRATIVE COSTS	1.00	\$3,000.00	\$3,000.00

TOTAL: \$3,000.00  
PAYMENT DUE UPON RECEIPT: **\$3,000.00**

**Pay by Wire (ACH) Instructions:**

1. Do not alter the amount due
2. Remember to include the OIR invoice number in the body of the wire payment
3. Include company name

Bank: WELLS FARGO, N.A.  
1 INDEPENDENT DRIVE, JACKSONVILLE, FL 32202

Account Title: STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DFS –  
OFFICE OF INSURANCE REGULATION – LOCATION 4300430

Account Number: 4834783854

ACH and Incoming Wire and ABA/Routing Number: 121000248

**Pay by Check Instructions:**

1. Do not alter the amount due
2. Make check payable to the Florida Office of Insurance Regulation
3. Include a copy of this invoice to ensure your payment is applied correctly

Mail check and a copy of this invoice to:  
Florida Department of Financial Services  
Revenue Processing Section  
P.O. Box 6100  
Tallahassee, FL 32314-6100

Please contact Lisa Stinson at (850) 413-2458 or [Lisa.Stinson@fioir.com](mailto:Lisa.Stinson@fioir.com) if you have any questions regarding your invoice.





10/04/2023  
CHECK NUMBER 1001000042

Invoice No	Inv Date	Text	Gross Amount	Discount	Net Amount	Supl.
OIR23-029142	10/03/2023		3,000.00	0.00	3,000.00	ZZ
		Check Total .....			\$*****3,000.00* USD	

FL DEPT OF FINANCIAL SERV  
PO BOX 6100  
TALLAHASSEE FL 32314-6100

<b>DIRECT INQUIRIES TO:</b>
Empower Annuity Insurance Company Accounts Payable Department accounts payable@empower.com



DATE October 04, 2023

PAY THREE THOUSAND Dollars

TO THE ORDER OF FL DEPT OF FINANCIAL SERV  
PO BOX 6100  
TALLAHASSEE FL 32314-6100

FOR  
US Bank, N.A.

VENDOR NUMBER  
3009880

10-21-2020  
CHECK NUMBER 1001000042

CHECK AMOUNT \$3,000.00 USD  
*Theresa L. Poe*  
AUTHORIZED SIGNATURE

*Vanessa C. Parker*  
AUTHORIZED SIGNATURE  
VOID AFTER SIX MONTHS

VALID CHECK STOCK PROTECTION INCLUDES COLORED BACKGROUND, PANTOGRAPH, WATERMARK, THERMO-CHROMATIC INK.

⑈ 100 100004 21⑈ ⑆ 10 20000 2 1⑆ 103 700048 798⑈