

SERFF Tracking Number: HARL-125739961 State: Arkansas
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 39739
 Company Tracking Number: LA-1323(08) & LA-1324(08)
 TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
 Product Name: VUL Differentiator Riders
 Project Name/Number: VUL Differentiator Riders/LA-1323(08) & LA-1324(08)

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: VUL Differentiator Riders SERFF Tr Num: HARL-125739961 State: ArkansasLH
 TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 39739
 Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: LA-1323(08) & LA- State Status: Approved-Closed
 Premium 1324(08)
 Filing Type: Form Co Status: Reviewer(s): Linda Bird
 Authors: Jane Chapman, Roberta Disposition Date: 07/25/2008
 Chu, Barbara Warren, Cindy
 McFetridge
 Date Submitted: 07/24/2008 Disposition Status: Approved
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: VUL Differentiator Riders Status of Filing in Domicile: Authorized
 Project Number: LA-1323(08) & LA-1324(08) Date Approved in Domicile: 07/18/2008
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 07/25/2008 Deemer Date:
 State Status Changed: 07/25/2008
 Corresponding Filing Tracking Number:

Filing Description:

We are submitting the subject forms for your review and approval. The forms are new and are intended to be used with new issues of our Individual Flexible Premium Variable Life policies approved by the Department or as may be approved.

The Riders are available for election at the time of application for an additional charge for insured issue ages up to age

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60 Only one Rider may be elected and attached to the Policy. The maximum Rider charge for each is described in the rider(s) and in the actuarial memorandum(s).

Form LA-1323(08) is a Guaranteed Minimum Accumulation Benefit Rider which guarantees that if the Account Value at the end of the GMAB Guarantee Period (shown in the policy specifications) is less than the sum of the total premiums paid under the policy, we will increase the account value at that time so that it equals the total premiums paid and the rider will terminate, provided the required Cumulative Rider Premium has been received by Us as of that date. The GMAB guarantee period is 20 years for issue ages 55 and below and decreases by one year for each year the issue age is above age 55. Other specific terms and conditions of the Rider are described in the Rider itself.

Form LA-1324(08) gives the owner the option to continue the Policy as Paid-Up Life Insurance at the end of the Rider Guarantee Period (shown in the Policy Specifications). The amount of the paid-up policy will equal the Benefit Amount described in the Rider. The Rider guarantee period is 20 years for issue ages 55 and below and decreases by one year for each year the issue age is above age 55. Other specific terms and conditions of the Rider are described in the Rider itself.

Also enclosed is a sample specification page reflecting information relevant to each rider. The appropriate rider will be attached to the policy only when such benefit is requested. Although only one version of the rider will be issued with any one policy, for your information, we have included the applicable information for both versions on the Policy Specifications page titled "Additional Benefits and Riders." The information shown specific to the insured, Rider Issue and Effective Date, and Monthly Rider Premium will vary based only on issue-specific information, such as insured issue age, initial face amount, and planned premium selected by applicant. Any change to the Maximum Monthly Rider charge rate shown in the policy specifications will be filed for approval prior to use. However, we reserve the right to charge less than the maximum.

Enclosed you will find actuarial memorandums for the two riders as well as any other supporting documentation or certifications that may be required in your state.

As the forms are a variable life product registered with the SEC and subject to the requirements of that regulatory body, the forms are exempt from any state readability requirements.

Your review and approval of this submission is greatly appreciated. Please feel free to contact me with any questions

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you may have.

Company and Contact

Filing Contact Information

Barbara Warren, Contact Analyst barbara.warren@hartfordlife.com
 200 hopmeadow rd (860) 843-6437 [Phone]
 Simsbury, CT 06089 (860) 843-5194[FAX]

Filing Company Information

Hartford Life and Annuity Insurance Company	CoCode: 71153	State of Domicile: Connecticut
200 Hopmeadow Street	Group Code: 91	Company Type: Life
Simsbury, CT 06089	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 39-1052598	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$60.00
Retaliatory?	No
Fee Explanation:	\$20/form = \$60.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$60.00	07/24/2008	21578082

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

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Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Guaranteed Minimum Accumulation Benefit Rider		Yes
Form	Guaranteed Paid-Up Death Benefit Rider		Yes
Form	Policy Specifications		Yes

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Form Schedule

Lead Form Number: LA-1323(08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LA-1323(08)	Policy/Cont	Guaranteed ract/Fratern Minimum al Accumulation Benefit Certificate: Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	LA-1323(08).pdf
	LA-1324(08)	Policy/Cont	Guaranteed Paid-Up ract/Fratern Death Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0	LA-1324(08).pdf
	1238(3 cont'd)	Other	Policy Specifications	Initial		0	Specifications Page.pdf



GUARANTEED MINIMUM ACCUMULATION BENEFIT RIDER ("GMAB")

BENEFIT SUMMARY

This Rider, subject to the conditions described below, guarantees that if the Account Value at the end of the GMAB Guarantee Period ("Benefit Date") shown in the Additional Benefits and Riders Section of the Policy Specifications, is less than the Benefit Amount as calculated on that date, the Account Value will be increased by an amount equal to the difference between the Account Value and the Benefit Amount.

This Rider has no cash value.

DEFINITIONS

Benefit Amount: the sum of the total Premiums received by us, adjusted for Withdrawals and Decreases in Face Amount, as of the Benefit Date.

Benefit Date: the last day of the GMAB Guarantee Period. This is the date the Benefit Amount is calculated.

Cumulative Rider Premium: the premium required to maintain the Rider. On the first Monthly Activity Date following the Policy Date, the Cumulative Rider Premium is the Monthly Rider Premium shown in the Additional Benefits and Riders Section of the Policy Specifications. On each Monthly Activity Date thereafter, the Cumulative Rider Premium is (a) the Cumulative Rider Premium on the previous Monthly Activity Date; plus (b) the current Monthly Rider Premium.

GMAB Guarantee Period: the period shown in the Additional Benefits and Riders section of the Policy Specifications.

THE BENEFIT

This Benefit provides that if the Account Value on the Benefit Date is less than the Benefit Amount, the Account Value will be increased by an amount to equal the difference between the Account Value and the Benefit Amount, provided:

1. the Policy is in force; and
2. the required Cumulative Rider Premium has been received by Us as of such date.

The amount by which the Account Value is increased will be allocated to the Sub-Account(s) shown on Page 3 of the Policy on the Valuation Day immediately following the Benefit Date. You may then change such allocation by notifying us In Writing or in a manner satisfactory to Us.

Following such increase to the Account Value:

1. this Rider will terminate and may not be reinstated;
2. Rider Charges will cease; and
3. All other terms and conditions of the Policy will continue to apply.

ANNUAL CUMULATIVE PREMIUM TEST

During the GMAB Guarantee Period, We will perform an annual test on each Policy Anniversary to determine if the required Cumulative Rider Premium has been received by Us.

**ANNUAL CUMULATIVE
PREMIUM TEST
(Continued)**

If the required premium has not been received by Us as of the date the test is performed, the Rider will be in danger of terminating as described below under the Rider Default and Grace Period provision.

**RIDER DEFAULT AND
GRACE PERIOD**

Rider Default

The Rider will go into default on any date a Cumulative Rider Premium Test is performed as described above and it is determined that We have not received the required Cumulative Rider Premium. In such an event, We will send You a notice specifying the minimum premium required to keep the Rider from terminating. The notice will be mailed at least 30 days prior to termination of the Rider to both You and any assignee of record, at the last known address(es). This notice will tell You the minimum premium requirement to keep the Rider from terminating.

Rider Grace Period

We will keep the Rider in force for the 30-day period following the date of Rider default. However, if We have not received the required premiums specified in the notice by the end of such 30-day period, the Rider will terminate.

**IMPACT OF
WITHDRAWALS
AND FACE AMOUNT
DECREASES**

Withdrawals

Withdrawals made during the GMAB Guarantee Period will reduce the Benefit Amount proportionately based on the Account Value at the time of the Withdrawal.

Decreases in Face Amount

Decreases in Face Amount during the GMAB Guarantee Period will reduce the Benefit Amount proportionately based on the current Face Amount at the time of the decrease. In addition, such decrease will cause a new Monthly Rider Premium to be calculated. We will send You a notice of the new Monthly Rider Premium, which will be used in calculating the Cumulative Rider Premium in subsequent months.

**INVESTMENT
RESTRICTIONS**

At anytime on or after the Rider Effective Date, We may limit the Sub-Account(s) in which You may allocate all or a portion of Your Account Value. We may require that You allocate such amounts in accordance with any asset allocation models, investment programs, Sub-Account(s), fund of funds Sub-Account(s), or other investment vehicle that We direct You follow from time to time, on or after the Rider Effective Date. We may change these asset allocation models, investment programs, Sub-Account(s), fund of funds Sub-Account(s), or other investment vehicle from time to time, on or after the Rider Effective Date. Any transfers required to reallocate amounts will not be used in determining the number of transfers allowed during a Policy Year. If We exercise the terms of this provision, You have the right to terminate this Rider at any time as described in the Rider Termination Section.

**PREMIUM
RESTRICTIONS**

At anytime on or after the Rider Effective Date, We may limit Premium payments to no greater than 200% of the annualized Monthly Rider Premium for the Policy Year. Any excess Premium will be refunded to You.

RIDER CHARGE

The charge for this Rider will automatically be deducted on each Monthly Activity Date from the Account Value as part of the Monthly Deduction Amount. It will continue to be deducted until this Rider is terminated in accordance with the Rider Termination provision. Such charge for any Monthly Activity Date will not exceed the Maximum Monthly Charge Rate shown in the Additional Benefits and Riders section of the Policy Specifications.

RIDER TERMINATION

Termination

To terminate this Rider, notify Us In Writing. Otherwise, it will continue until the earlier of the following:

1. when the Policy terminates;
2. when We receive Your request, In Writing, to cancel it;
3. the Benefit Date;
4. the end of the 30-day period during which the Premium amount required to maintain this Rider is not received by Us;
5. the date We approve a request from You, In Writing, to increase the Face Amount; or
6. the date We approve a request, In Writing, from You to accelerate the Death Benefit as may be provided under an accelerated death benefit rider attached to the Policy.

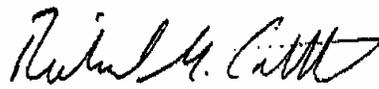
REINSTATEMENT

This Rider may not be reinstated, except in the event the Policy terminates and is subsequently reinstated during the GMAB Guarantee Period.

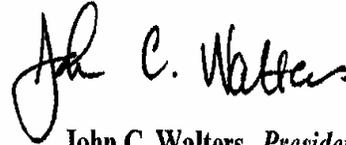
GENERAL PROVISIONS

This Rider will be a part of the Policy to which it is attached, and except as noted above, it is subject to all conditions and limitations of such Policy. The Rider's Date of Issue and Effective Date are shown in the Additional Benefits and Riders section of the Policy.

Signed for **Hartford Life and Annuity Insurance Company**



Richard G. Costello, Secretary



John C. Walters, President

**GUARANTEED PAID-UP
DEATH BENEFIT RIDER**



BENEFIT SUMMARY

This Rider, subject to the conditions described below, gives You the option to continue Your Policy as Paid-Up Life Insurance at the end of the Rider Guarantee Period (“Benefit Date”) shown in the Additional Benefits and Riders section of the Policy Specifications with a Death Benefit at least equal to the sum of the total Premiums received by Us, reduced by Indebtedness and any Withdrawals or Face Amount Decreases, as of the Benefit Date.

This Rider has no cash value.

DEFINITIONS

Benefit Date: the last day of the Rider Guarantee Period.

Cumulative Rider Premium: the premium required to maintain the Rider. On the first Monthly Activity Date following the Policy Date, the Cumulative Rider Premium is the Monthly Rider Premium shown in the Additional Benefits and Riders Section of the Policy Specifications. On each Monthly Activity Date thereafter, the Cumulative Rider Premium is (a) the Cumulative Rider Premium on the previously Monthly Activity Date; plus (b) the current Monthly Rider Premium.

Rider Guarantee Period: the period shown in the Additional Benefits and Riders section of the Policy Specifications.

THE BENEFIT

General

This Benefit gives You the option to continue the Policy as Paid-Up Life Insurance on the Benefit Date provided:

1. the Policy is in force; and
2. the required Cumulative Rider Premium has been received by Us as of such date.

We will notify You, In Writing, at least 60 days prior to the Benefit Date of Your option to continue the Policy as Paid-Up Life Insurance according to the terms of the Rider. We must receive Your request to exercise this option within such 60-day period.

Upon Our receipt of Your request to exercise this option, We will continue the Policy as Paid-Up Life Insurance effective as of the Benefit Date. The Death Benefit of the paid-up policy will be at least equal to the sum of the total Premiums received by Us as of the Benefit Date, adjusted by Indebtedness and any Withdrawals or Decreases in Face Amounts made under the Policy as of that date, or an amount calculated using the Account Value, minus Indebtedness, as a net single premium as of the Benefit Date at the then Attained Age of the Insured based on 5% interest, if greater. Subsequent cash values of the paid-up policy upon surrender will be based on the same mortality table used for the Policy to which this rider is attached as shown in the Policy Specifications and 5% interest. No loans or withdrawals will be allowed under the Paid-Up Life Insurance Policy. In addition, this Rider, and any other Riders attached to the Policy, will terminate.

In the absence of any instructions from You to exercise the Rider Benefit, the Policy will continue with no modifications to its terms and conditions and this Rider will terminate on the Benefit Date, except as described below.

If, on the Benefit date, the Policy is being kept inforce by the No Lapse Guarantee provision, We will automatically continue the Policy as Paid-Up Life Insurance with a Death Benefit equal to the Benefit Amount as calculated on the Benefit Date as described above. In addition, this Rider, and any other Riders attached to the Policy, will terminate. We will notify You if this occurs.

ANNUAL CUMULATIVE PREMIUM TEST

During the Rider Guarantee Period, We will perform an annual test on each Policy Anniversary to determine if the required Cumulative Rider Premium has been received by Us.

If the required premium has not been received by Us as of the date the test is performed, the Rider will be in danger of terminating as described below under the Rider Default and Grace Period provision.

RIDER DEFAULT AND GRACE PERIOD

Rider Default

The Rider will go into default on any date a Cumulative Rider Premium Test is performed as described above and it is determined that We have not received the required Cumulative Rider Premium. In such an event, We will send You a notice specifying the minimum premium required to keep the Rider from terminating. The notice will be mailed at least 30 days prior to termination of the Rider to both You and any assignee of record, at the last known address(es). This notice will tell You the minimum premium requirement to keep the Rider from terminating.

Rider Grace Period

We will keep the Rider in force for the 30-day period following the date of Rider default. However, if We have not received the required premiums specified in the notice by the end of such 30-day period, the Rider will terminate.

IMPACT OF WITHDRAWALS AND FACE AMOUNT DECREASES

Withdrawals

Withdrawals made during the Rider Guarantee Period will reduce the Rider Benefit Amount proportionately based on the Account Value at the time of the Withdrawal.

Decreases in Face Amount

Decreases in Face Amount during the Rider Guarantee Period will reduce the Benefit Amount proportionately based on the current Face Amount at the time of the decrease. In addition, such decrease will cause a new Monthly Rider Premium to be calculated. We will send You a notice of the new Monthly Rider Premium, which will be used in calculating the Cumulative Rider Premium in subsequent months.

INVESTMENT RESTRICTIONS

At anytime on or after the Rider Effective Date, We may limit the Sub-Account(s) in which You may allocate all or a portion of Your Account Value. We may require that You allocate such amounts in accordance with any asset allocation models, investment programs, Sub-Account(s), fund of funds Sub-Account(s), or other investment vehicle that We direct You follow from time to time, on or after the Rider Effective Date. We may change these asset allocation models, investment programs, Sub-Account(s), fund of funds Sub-Account(s), or other investment vehicle from time to time, on or after the Rider Effective Date. Any transfers required to reallocate amounts will not be used in determining the number of transfers allowed during a Policy Year. If We exercise the terms of this provision, You have the right to terminate this Rider at any time as described in the Rider Termination Section.

RIDER CHARGE

The charge for this Rider will automatically be deducted on each Monthly Activity Date from the Account Value as part of the Monthly Deduction Amount. It will continue to be deducted until this Rider is terminated in accordance with the Rider Termination provision. Such charge for any Monthly Activity Date will not exceed the Maximum Monthly Charge Rate shown in the Additional Benefits and Riders section of the Policy Specifications.

RIDER TERMINATION

Termination

To terminate this Rider, notify Us In Writing. Otherwise, it will continue until the earlier of the following:

1. when the Policy terminates;
2. when We receive Your request, In Writing, to cancel it;
3. the Benefit Date;
4. the end of the 30-day period during which the Premium amount required to maintain this Rider is not received by Us;
5. the date We approve a request, In Writing, from You to increase the Face Amount; or
6. the date We approve a request, In Writing, from You to accelerate the Death Benefit as may be provided under an accelerated death benefit rider attached to the Policy.

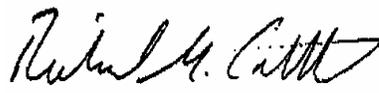
REINSTATEMENT

This Rider may not be reinstated, except in the event the Policy terminates and is subsequently reinstated during the Rider Guarantee Period.

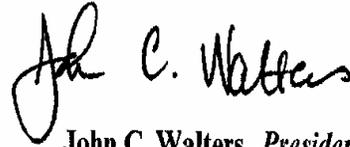
GENERAL PROVISIONS

This Rider will be a part of the Policy to which it is attached, and except as noted above, it is subject to all conditions and limitations of such Policy. The Rider's Date of Issue and Rider Effective Date are shown in the Additional Benefits and Riders section of the Policy.

Signed for **Hartford Life and Annuity Insurance Company**



Richard G. Costello, Secretary



John C. Walters, President

POLICY SPECIFICATIONS

ADDITIONAL BENEFITS AND RIDERS

GUARANTEED MINIMUM ACCUMULATION BENEFIT RIDER ("GMAB")

RIDER DATE OF ISSUE:	JANUARY 1, 2008
RIDER EFFECTIVE DATE:	JANUARY 1, 2008
GMAB GUARANTEE PERIOD:	JANUARY 1, 2008 – DECEMBER 31, 2027
MONTHLY RIDER PREMIUM:	\$195.00
MAXIMUM MONTHLY RIDER CHARGE RATE:	0.075% PER MONTH (0.90% PER YEAR) OF THE ACCUMULATED VALUES IN THE SUB-ACCOUNTS.

GUARANTEED PAID-UP DEATH BENEFIT RIDER

RIDER DATE OF ISSUE:	JANUARY 1, 2008
RIDER EFFECTIVE DATE:	JANUARY 1, 2008
RIDER GUARANTEE PERIOD:	JANUARY 1, 2008 – DECEMBER 31, 2027
MONTHLY RIDER PREMIUM:	\$34.50
MAXIMUM MONTHLY RIDER CHARGE RATE:	0.0625% PER MONTH (0.75% PER YEAR) OF THE ACCUMULATED VALUES IN THE SUB-ACCOUNTS.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/18/2008

Comments:

Attachments:

Rule 19.pdf

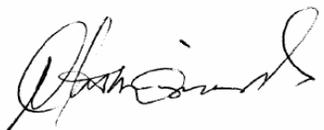
Reg 33.pdf

**ARKANSAS
POLICY FORM CERTIFICATION**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form (s):	LA-1323(08)	Text Page
	LA-1324(08)	Text Page
	1238(3 cont'd)	Specification Page

By my signature below, I hereby certify that I have reviewed the enclosed policy form(s) and certify that the form(s) submitted meets the provisions of Rule 19 entitled "Unfair Discrimination in Sale of Insurance" as well as all applicable requirements of the Arkansas Insurance Department.

Signed:  _____

Otis Maynard, VP & Chief Compliance Officer

July 24, 2008

**CERTIFICATION OF COMPLIANCE
WITH ARKANSAS RULE AND REGULATION 33
ENTITLED "VARIABLE LIFE INSURANCE"**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

I, Lenore Paoli, am a duly-authorized officer of Hartford Life and Annuity Insurance Company and do hereby certify that the Company is in compliance with Regulation 33, in particular Articles VI, VII, IX and XI.

Signed:



Otis Maynard

VP & Chief Compliance Officer Individual Life Division
Title

July 24, 2008
Date