Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Blanket Endorsement	SERFF Tr Num: HARL-126327111	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 43768
Sub-TOI: L08.000 Life - Other	Co Tr Num: U-0016(09) HLA	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Jane Chapman, Roberta Chu, Barbara Warren, Frank Durante	Disposition Date: 10/14/2009
	Date Submitted: 10/13/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Blanket Endorsement	Status of Filing in Domicile: Pending
Project Number: U-0016(09)	Date Approved in Domicile:
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: 10/14/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/14/2009
Deemer Date:	Created By: Barbara Warren
Submitted By: Barbara Warren	Corresponding Filing Tracking Number:

Filing Description:

We are submitting the subject form for your review and approval. This form is new and not intended to replace any forms previously approved by the Department.

The form(s) is an administrative general service form, the purpose of which is to effect policy changes that have been requested, in writing, for an individual life insurance policy by the owner. Such policy change form will be attached to, and made a part of, the individual life insurance policy after the policy's date of issue. The form would not be used to provide tax qualified plan provisions, to exclude coverage, or to amend any controlling policy provisions. The types of individual life policies the form is intended to be used with are individual term, whole life, universal and variable universal

life policies approved or as may be approved by the department.

Policy changes that may be requested by the owner include:

• Death Benefit Option Changes
• Policy face amount increases or decreases
• Change in surrender charges due to face amount increase or decrease
• Term Rider face amount increases or decreases
• Change in Policy Owner
• Change in beneficiary
• Conversion to a reduced paid up policy
• Risk class changes
• Change in planned or scheduled premium
• Addition or deletion of optional Riders
• Remove special risk class rating

or other changes that may be requested by the Policy Owner. A John Doe copy of the endorsement illustrating one use of the form(s) is enclosed.

Please note this identical form has been filed for Hartford Life Insurance Company and Hartford Life and Accident Insurance Company this same day under separate SERFF submissions.

Text considered variable is denoted with brackets and described in the Statement of Variability.
In addition, changes in printing technology may periodically alter slightly form format and we reserve the right to make such changes without refiling as well as modify company address and officer signatures to reflect current company operations.

The form has achieved a Flesch Score of 50.1.

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
Simsbury, CT 06089
(860) 547-5000 ext. [Phone]

Group Code: 91
Group Name:
FEIN Number: 39-1052598

Company Type: Life
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	$20.00	10/13/2009	31241866

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/14/2009	10/14/2009

Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*HARL-126327111*	*State:*	*Arkansas*
Filing Company:	*Hartford Life and Annuity Insurance Company*	*State Tracking Number:*	*43768*
Company Tracking Number:	*U-0016(09) HLA*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Blanket Endorsement*		
Project Name/Number:	*Blanket Endorsement/U-0016(09)*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	U-0016(09) SOV		Yes
Form	Blanket Endorsement		Yes

Form Schedule

Lead Form Number: U-0016(09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	U-0016(09)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Blanket Endorsement	Initial		50.100	U-0016(09).pdf

500 Bielenberg Drive
Woodbury, MN 55125
Telephone 1-800-243-5433

Endorsement

This Endorsement changes or modifies the terms of the Policy described below and shall be attached to and form a part of that Policy.

Policy Number:
Name of Insured:
Endorsement Effective Date:

The Policy is amended to reflect the following change or modification:

[In consideration of the Policy Owner's request, the Policy Owner has been changed to Jane Doe. **]**

This Endorsement shall be effective as of the Effective Date noted above. Further, this Endorsement does not waive, restrict or change any of the terms or conditions, or the Policy, except as stated herein.

John C. Walters, *President*

[ ]

[HARTFORD LIFE AND ANNUITY INSURANCE COMPANY
HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY]

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification.pdf

HLA AR Cert Rule 19.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: n/a

Comments:

Item Status: **Status Date:**

Satisfied - Item: U-0016(09) SOV

Comments:

Attachment:

STATEMENT OF VARIABILITY.pdf

Readability Certification

I hereby certify that the form referenced below has each been scored in its entirety using the Flesch Ease of Reading Test and has attained the score indicated.

The readability score was calculated by computer. The software used for this calculation was Microsoft Word.

Form Number	Flesch Score
U-0016(09)	50.1

Signature of Insurance Company Officer

AVP, Business Practices and Compliance
Typed Name and Title

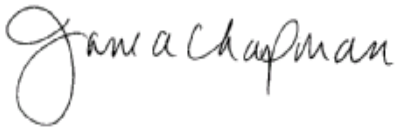
ARKANSAS
POLICY FORM CERTIFICATION

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form Number(s): U-0016(09) Blanket Endorsement

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 as well as all applicable requirements of the Arkansas Insurance Department.

Signed:



Jane A Chapman, AIRC, FLMI
Manager

STATEMENT OF VARIABILITY

FORM U-0016(09)

9/30/2009

Policy Number, Insured And Endorsement Effective Date	Language will vary based on information specific to the policy being endorsed.
Endorsement Language	Language will vary based on the change requested in writing by the Policy Owner as described below (each statement will be preceded with "In consideration of the Policy Owner's request: • The Policy Specification Schedule has been amended to reflect the following: The Death Benefit Option has been changed from Option B Return of Account Value to Option A, Level Death Benefit. • The Policy Specification Schedule has been amended to reflect the following: The Death Benefit Option has been changed from Option A Level Death Benefit to Option B, Return of Account Value. • The Policy Specification Schedule has been amended to reflect the following: The Death Benefit Option has been changed from Option B Return of Account Value to Death Benefit Option D, Decreasing Death Benefit. • The Policy Specification Schedule has been amended to reflect the following: The Death Benefit Option has been changed from Option C Return of Premium to Option A, Level Death Benefit. • The Policy Specification Schedule has been amended to reflect the following: The Face Amount has been decreased by $100,000 for a new Face Amount of $75,000. • The Policy Specification Schedule has been amended to reflect the following: The Face Amount has been decreased by $100,000 for a new Face Amount of $75,000. .The Maximum Surrender Charges shown in the Policy Specifications are replaced with the Maximum Surrender Charges shown in the attachment to this endorsement. • The Policy Specification Schedule has been amended to reflect the following: The Face Amount has been increased from a face amount of $75,000 to a face amount of $100,000 • The Policy Specification Schedule has been amended to reflect the following: The Face Amount has been increased from a face amount of $75,000 to a face amount of $100,000. The Maximum Surrender Charges shown in the Policy Specifications are replaced with the Maximum Surrender Charges shown in the attachment to this endorsement. • The Policy Specification Schedule has been amended to reflect the following: The Face Amount of the Term Insurance Rider has been decreased by $100,000 for a new Face Amount of $75,000. • The Policy Specification Schedule has been amended to reflect the following: The Face Amount of the Term Insurance Rider has been increased from a face amount of $75,000 to a new Face Amount of $100,000. • The Policy Specification Schedule has been amended to reflect the following: The PolicyOwner has been changed to Jane Doe. • The Beneficiary has been changed to John Doe. • This policy has been changed to a Reduced Paid-Up coverage. The new paid-up death benefit is $603,025.68. • The Policy Specification Schedule has been amended to reflect the following: The rating class on the life of John Doe has been changed from a rating class of Standard Nicotine to a rating class of Standard Non-Nicotine.

	• The Policy Specification Schedule has been amended to reflect the following: The Planned Premium has been changed from $650.00 to $450.00. • The Policy Specification Schedule has been amended to reflect the following: The Scheduled Premium has been changed from $650.00 to $450.00. • The following optional Rider has been added to the Policy: Term Insurance Rider. Information relevant to the Rider is shown on the page attached to this endorsement. • The following optional Rider has been terminated at the Policy Owner's request: Term Insurance Rider • The Incontestability and Suicide provisions of the Policy to which this Endorsement is attached shall be measured from the Date of Issue of the original Policy from which the converted coverage provided by this Policy arose. The preceding sentence shall not apply to any amount of insurance under this Policy that exceeds the amount of insurance provided under the original Policy from which the converted coverage provided by this Policy arose; to any future reinstatement of this Policy; or to any future changes to this Policy.
Issuing Company	The name of the company will change to reflect the underwriting company of Hartford Life and Annuity Life Insurance Company, Hartford Life Insurance Company, or Hartford Life and Accident Insurance Company.