

SERFF Tracking Number: HARL-126372584 State: Arkansas
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 44041
Company Tracking Number: LA-1337(09)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Owner Designated Settlement Option Rider
Project Name/Number: Owner Designated Settlement Option Rider/LA-1337(09)

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Owner Designated Settlement SERFF Tr Num: HARL-126372584 State: Arkansas

Option Rider

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 44041
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: LA-1337(09) State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Roberta Disposition Date: 11/16/2009

Chu, Barbara Warren, Frank

Durante

Date Submitted: 11/09/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Owner Designated Settlement Option Rider

Status of Filing in Domicile: Authorized

Project Number: LA-1337(09)

Date Approved in Domicile: 11/06/2009

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: 11/16/2009

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

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. The form is new and not intended to replace any forms previously approved by the Department.

The submitted form, LA-1337(09) entitled "Owner Designated Settlement Option Rider" is an optional Rider which will be available for election by the Policyowner for new issues and existing policies of our actively marketed portfolio of individual variable and non-variable Life Insurance policies as approved or as may be approved in your state.

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The optional Rider will allow an owner to designate any of the settlement option (or options) described in the policy to which the rider is attached at any time while the insured is alive. The owner may also change or cancel such a designation. The designation is binding upon the beneficiary.

There is no charge for the rider.

We are also providing any certifications or other documentation that may be required by your state. Your review and approval of this submission is greatly appreciated. Please feel free to contact me with any questions you may have.

Best regards,

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: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$20.00	11/09/2009	31904139

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

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Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *HARL-126372584* *State:* *Arkansas*
Filing Company: *Hartford Life and Annuity Insurance Company* *State Tracking Number:* *44041*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Rider		Yes

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Form Schedule

Lead Form Number: LA-1337(09)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LA-1337(09)	Policy/Cont Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.600	LA-1337(09).pdf

**OWNER DESIGNATED SETTLEMENT
OPTION RIDER**



GENERAL

At any time while the Insured is alive, (for last survivorship policies, "Insured" means the last surviving insured), the Owner may designate, in a written form satisfactory to Us, any one or a combination of the available settlement option(s) described in the Policy or as may be arranged with Our consent. All or a part of the Death Proceeds will be paid to the Beneficiary(ies) under the terms of the Policy as so designated. Such Owner designations will be considered binding upon, and may not be changed by, the Beneficiary(ies). For any remaining Death Proceeds not so designated, the Beneficiary(ies) may, instead of being paid in one sum, apply the proceeds to any one or a combination of the available settlement option(s) described in the Policy or as may be arranged with Our consent.

After We receive written notice for an Owner designated settlement option, such designation will be effective as of the date the Owner signs the notice, whether or not the Insured is living when We receive it. Any notice received by Us after the death of the Insured will be subject to any payment We made or actions We may have taken before We received the request.

Once all or a portion of the Death Proceeds have been applied to the Owner designated settlement option(s) upon the death of the Insured, payments thereunder may not be assigned, sold, transferred, anticipated, alienated, surrendered, cashed in, pledged as security for a loan, or converted to any other settlement option, including conversion to a lump sum, by the Beneficiary(ies). Any attempt to assign, sell, transfer, anticipate, alienate, surrender, cash in, pledge or commute the payments thereunder shall be void of any legal effect and shall be unenforceable against Us.

If, at the time of the Insured's death, no Owner designated settlement option(s) is in effect, the Beneficiary(ies) may, instead of being paid in one sum, apply the proceeds to any one or a combination of the available settlement options described in the Policy or other available options that may be arranged with Our consent.

**CHANGE OR
CANCEL OWNER
DESIGNATION**

At any time while the Insured is alive, the Owner may subsequently change or cancel any Owner designated settlement option(s) in effect by notifying Us in a written form satisfactory to Us. After We receive written notice, such change or cancelation will be effective as of the date the Owner signs the notice, whether or not the Insured is living when We receive it. Any notice received by Us after the death of the Insured will be subject to any payment We made or actions We may have taken before We received the request.

**CHANGE OF
OWNER**

If a change of Owner occurs as described in the Policy, the Owner designated settlement option(s) in effect as of the date of the change will remain in effect, unless or until We receive notification in a written form satisfactory to Us by the new Owner to change or cancel such Owner designated settlement option(s).

In the event any of the provisions of this Rider conflict with any applicable provisions of the Policy, the provisions of this Rider will control. This Rider is part of the Policy to which it is attached and, except as noted above, it is subject to all of the terms, conditions and limitations of the Policy. All other terms and provisions of the Policy remain unchanged.

Signed for **HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

[

John C. Walters, President

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Cert - Rule 19 _Unfair Discrim_.pdf

Readability Certification.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: n/a

Comments:

**ARKANSAS
POLICY FORM CERTIFICATION**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form Number(s), Form Title(s):

Form LA-1337(09) Owner Designated Settlement Option Rider

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:



Lenore Paoli, AVP Business Practices and Compliance

November 9, 2009

Date

Readability Certificate

I hereby certify that the forms referenced below have each been scored in their entirety using the Flesch Ease of Reading Test and have attained the score indicated. I further certify that, to the best of my knowledge and belief, said forms comply with state readability requirements and are printed in not less than ten point type, one point leaded.

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

Form Number
LA-1337(09)

Flesch Score
54.6

Hartford Life and Annuity Insurance Company
NAIC Number 71153-091



Signature of Insurance Company Officer

Lenore Paoli, AVP Business Practices
Typed Name and Title