

SERFF Tracking Number: HARL-126044723 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 41600  
Company Tracking Number: IPD HL-20326 PG 3  
TOI: A08G Group Annuities - Unallocated Sub-TOI: A08G.001 Funding Agreement  
Product Name: Group Variable Funding Agreement  
Project Name/Number: Page 3 revision/HL-20326

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: Group Variable Funding Agreement

TOI: A08G Group Annuities - Unallocated

Sub-TOI: A08G.001 Funding Agreement  
Filing Type: Form

SERFF Tr Num: HARL-126044723 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 41600

Co Tr Num: IPD HL-20326 PG 3 State Status: Approved-Closed  
Reviewer(s): Linda Bird

Authors: Jane Chapman, Anthony DePaolis, Lindsay Cooper, Ginger Morgan, Joyce Schiaffo, Tiffany Heist

Date Submitted: 02/23/2009

Disposition Date: 02/25/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Page 3 revision

Project Number: HL-20326

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/25/2009

Deemer Date:

Submitted By: Ginger Morgan

Filing Description:

February 23, 2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type: Employer, Trust

Explanation for Other Group Market Type:

State Status Changed: 02/25/2009

Created By: Ginger Morgan

Corresponding Filing Tracking Number:

RE: Hartford Life Insurance Company

NAIC No. 88072-091, FEIN No. 06-0974148

Revised Page for Group Variable Funding Agreement HL-20326

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We are writing to inform you of a sentence omission on page 3 from the above captioned filing which was approved by your department on January 6, 2009, under SERFF Tracking #HARL-125967127. Since this form has not been marketed we would like to replace the existing page 3 with the new page 3. We have enclosed a redlined copy and a clean copy for your reference.

You have our assurance that this is the only change; variable material on the new page 3 will remain unchanged as originally filed with your department.

Should you have any questions or require any additional information, please feel free to contact me or Anthony DePaolis at (860) 843.4003. Thank you for taking the time to review this submission.

Sincerely,

Joyce J. Schiaffo  
Senior Specialist Contracts Compliance  
Life & Investment Products Compliance  
The Hartford, 200 Hopmeadow Street, Simsbury, CT  
860.843.7708 joyce.schiaffo@hartfordlife.com

## Company and Contact

### Filing Contact Information

Joyce Schiaffo, Compliance Consultant joyce.schiaffo@hartfordlife.com  
200 Hopmeadow St 860-843-7708 [Phone]  
Simsbury, CT 06089 860-843-8014 [FAX]

### Filing Company Information

Hartford Life Insurance Company CoCode: 88072 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: 06-0974148

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## Filing Fees

SERFF Tracking Number: HARL-126044723 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 FORM @ \$50.00 PER FORM.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$50.00	02/23/2009	25867039

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/25/2009	02/25/2009

*SERFF Tracking Number:*      *HARL-126044723*                      *State:*                      *Arkansas*  
*Filing Company:*              *Hartford Life Insurance Company*              *State Tracking Number:*      *41600*  
*Company Tracking Number:*      *IPD HL-20326 PG 3*  
*TOI:*                      *A08G Group Annuities - Unallocated*              *Sub-TOI:*                      *A08G.001 Funding Agreement*  
*Product Name:*              *Group Variable Funding Agreement*  
*Project Name/Number:*      *Page 3 revision/HL-20326*

## **Disposition**

Disposition Date: 02/25/2009

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		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Contract Pg 3 Revision Highlighted copy		Yes
Form	Contract Pg 3 Revision clean Copy		Yes

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## Form Schedule

### Lead Form Number: HL-20326

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HL-20326	Policy/Cont Contract Pg 3 ract/Fratern Revision Highlighted al copy Certificate	Initial		0.000	HL-20326 insert pg 3 Highlighted.pdf
	HL-20326	Policy/Cont Contract Pg 3 ract/Fratern Revision clean Copy al Certificate	Initial		0.000	Clean - HL- 20326 insert page 3.pdf

#13[quarterly] on a pro rata basis.

We may decrease the Annual Maintenance Fee, and we may increase the Annual Maintenance Fee upon #11[90] days advance notice to you.]

**#12[Per Participant Fee:** During the Accumulation Period, we will assess a fee, based on the average per Participant Account balance, each Agreement year as set out below:

<\$10K	\$50
\$10K-\$25K	\$40
\$25K-\$50K	\$30
>=\$50K	\$0

We may decrease the Per Participant Fee, and we may increase the Per Participant Fee upon #11[90] days advance notice to you.

We will deduct 25% of the Per Participant Fee from the value of each Participant Account #13[quarterly]. Any full Surrender of a Participant Account before the last Valuation Day of a #13[quarter] is subject to a deduction from the proceeds equal to 25% of the Per Participant Fee. We deduct the Per Participant Fee on a pro rata basis from the Sub-Accounts and #25a[General Account] investments in a Participant Account.]

#### **Program and Administrative Charge:**

**During the Accumulation Period;** #14[1.25% per annum of the daily Sub-Account value]

You chose the method used to deduct the Program and Administrative Charge from the Sub-Accounts when you purchased your Agreement. There are two methods to choose from:

**Method One:** We deduct the Program and Administrative Charge each Valuation Day as a percentage of the net asset value of each Fund when we determine Accumulation Unit values.

**Method Two:** We deduct the Program and Administrative Charge each calendar quarter. We assess the Program and Administrative Charge as a percentage of the average daily assets of the Sub-Accounts during the quarter. We deduct the Charge by redeeming Accumulation Units in proportion to the amount of the Charge.

We may decrease the Program and Administrative Charge, and we may increase the Program and Administrative Charge upon #11[90] days advance notice to you. We will not increase the Program and Administrative Charge without affording you the opportunity to discontinue the Agreement without any applicable Contingent Deferred Sales Charge. The Program and Administrative Charge will never exceed 2.00% per year.

#### **#15[Billing Option**

If requested, we may, but are not required to, agree to bill you for all or any portion of the Program and

#13[quarterly] on a pro rata basis.

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Flesch Certification  
**Bypass Reason:** Not applicable to this Funding Agreement filing.  
**Comments:**

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application  
**Comments:**  
Previously Approved application.  
**Attachment:**  
HL-20327\_AR\_ Application for GVFA.pdf



**MASTER APPLICATION FOR  
GROUP VARIABLE FUNDING AGREEMENT**

**Hartford Life Insurance Company  
1 Griffin Road, North  
Windsor, CT 06095-1512**

Application is hereby made for a Group Variable Funding Agreement (the "Agreement"):

1. Application-Agreement Owner :

**ABC Entity**

**123 Main Street**

Street or P.O. Box

**Anytown**

**CT**

**06111**

City

State

Zip Code

**Hospital**

2. Nature of Applicant's Business:

**January 1, 2009**

3. Requested Effective Date of Agreement:

4. The Agreement Owner has elected (choose a method):  **Method One**  **Method Two** for the deduction of the Program and Administrative Charge and for the determination of the Net Investment Factor under the Agreement.

**It is understood that all payments and values provided by the Agreement are the exclusive property of the Applicant-Agreement Owner and when based on the investment experience of a Separate Account, are variable and not guaranteed as to fixed dollar amount.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

Dated at 123 Main Street, Anytown, CT this 1<sup>st</sup> day of January, 2009

For ABC Entity  
(Agreement Owner)

By \_\_\_\_\_  
Registered Representative (Licensed Agent)

\_\_\_\_\_  
(Title)