

SERFF Tracking Number: HARL-125906149 State: Arkansas
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 41858
 Company Tracking Number: ILD-1018(3)U REV
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: ART ANB UPDATE
 Project Name/Number: ART ANB UPDATE/1018(3)U Rev et al

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: ART ANB UPDATE

SERFF Tr Num: HARL-125906149 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- Closed State Tr Num: 41858

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: ILD-1018(3)U REV

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Frank Durante

Disposition Date: 03/19/2009

Date Submitted: 03/18/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ART ANB UPDATE

Status of Filing in Domicile: Authorized

Project Number: 1018(3)U Rev et al

Date Approved in Domicile: 11/13/2008

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: 03/19/2009

Explanation for Other Group Market Type:

State Status Changed: 03/19/2009

Deemer Date:

Created By: Frank Durante

Submitted By: Frank Durante

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the subject forms for your review and approval. These forms are new and will replace forms previously filed and approved by the Department in 2006 with our Individual Annually Renewal Term policy ILA-1018(06)U. The forms are not intended for use with inforce business.

The submission consists of new specification pages and policy insert pages which have been revised so that premiums are calculated based on a 2001 CSO age nearest birthday mortality table versus a 2001 CSO age last birthday (note

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this is not a 2001 CSO mortality table update since the policy was originally filed and approved using the 2001 CSO mortality table)

Information on the following pages has been updated to be based on age nearest birthday:

- 3U: Annual Premium
- 4U: Maximum Renewal premiums
- 5/6: Definition of Issue Age.

Information considered variable is found in the Policy Specifications pages. Such John Doe specimen information is issue-specific and will only vary based on applicant-specific information based on owner selection at the time of application as well as Issue Age, Insurance Class, and gender, as applicable. Any changes to the maximum renewal premiums shown for the John Doe Specimen will be filed for approval prior to use. Specifics of the base product are discussed in the Actuarial Memorandum.

Company and Contact

Filing Contact Information

Frank Durante, Sr. Spec Business Compl frank.durante@hartfordlife.com
 200 Hopmeadow St 860-843-5858 [Phone]
 Simsbury, CT 06089

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 X 3 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Hartford Life and Annuity Insurance Company \$60.00 03/18/2009 26507868

SERFF Tracking Number: HARL-125906149 State: Arkansas
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 41858
Company Tracking Number: ILD-1018(3)U REV
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: ART ANB UPDATE
Project Name/Number: ART ANB UPDATE/1018(3)U Rev et al

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/19/2009	03/19/2009

SERFF Tracking Number: HARK-125906149 State: Arkansas
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 41858
Company Tracking Number: ILD-1018(3)U REV
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: ART ANB UPDATE
Project Name/Number: ART ANB UPDATE/1018(3)U Rev et al

Disposition

Disposition Date: 03/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HARK-125906149 State: Arkansas
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 41858
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 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium

Product Name: ART ANB UPDATE
 Project Name/Number: ART ANB UPDATE/1018(3)U Rev et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Annual Premium		Yes
Form	Renewable Premium		Yes
Form	Definition of Issue Age to ANB		Yes

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Form Schedule

Lead Form Number: 1018(3)U Rev

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1018(3)UR ev	Other	Annual Premium	Initial		50.100	1018_3_UR ev Specification Page.pdf
	1018(4)UR ev	Other	Renewable Premium	Initial		50.100	1018_4_UR ev Specifications Page.pdf
	1018(5/6)U (AR)Rev	Other	Definition of Issue Age to ANB	Initial		50.100	AR1018-05- 06URev.pdf

POLICY SPECIFICATIONS

POLICY INFORMATION

Policy Type: LEVEL TERM LIFE INSURANCE POLICY
WITH PREMIUM ADJUSTMENT
PROVISION

Policy Number: LT0000000

Insured: JOHN DOE

Issue Age: 35

Insurance Class: PREFERRED NON-NICOTINE

Owner: JOHN DOE

Beneficiary: JANE DOE

Initial Face Amount: \$50,000

Policy Date: JANUARY 1, 2005

Date of Issue: JANUARY 1, 2005

Final Expiry Date: JANUARY 1, 2065

Final Conversion Date: JANUARY 1, 2040*

*At any time during the Conversion Period prior to the Final Conversion Date, You may convert or partially convert this Policy to a permanent plan of insurance. See the Conversion Provision on Page 7 for additional information on conversion.

PREMIUM INFORMATION

Premium Guarantee Period: JANUARY 1, 2005 – DECEMBER 31, 2005

Premium Payment Frequency: ANNUAL

Annual Premium During Premium Guarantee Period: \$17.00*

*If You have selected a premium payment frequency other than annual, the amount of premium that You must pay each year will be greater than the annual premium reflected above. To calculate the annualized premium amount for payment frequencies other than annual, the guaranteed annual premium should be multiplied by (1) the appropriate premium frequency factor shown below; and (2) the number of payments that are made in a twelve-month period under that frequency.

PREMIUM PAYMENT FREQUENCY FACTORS

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY EFT
1.00	0.51	0.26	0.09

POLICY SPECIFICATIONS

RENEWAL TERM PERIOD

At the end of the Premium Guarantee Period shown on Page 3, You may continue Your Policy by annually renewing it during the Renewal Term Period until the Final Expiry Date. The Renewal Term Period is the period following the end of the Premium Guarantee Period up to the Final Expiry Date. If You choose to renew, annual premiums will not exceed the Maximum Annual Renewal Premiums shown below.

MAXIMUM ANNUAL RENEWAL PREMIUMS

POLICY YEAR	MAXIMUM	POLICY YEAR	MAXIMUM
2	\$31.00	31	\$1,547.00
3	\$56.00	32	\$1,701.00
4	\$84.00	33	\$1,857.00
5	\$137.00	34	\$2,025.00
6	\$146.00	35	\$2,199.00
7	\$158.00	36	\$2,410.00
8	\$173.00	37	\$2,646.00
9	\$190.00	38	\$2,956.00
10	\$210.00	39	\$3,283.00
11	\$233.00	40	\$3,627.00
12	\$255.00	41	\$4,003.00
13	\$279.00	42	\$4,413.00
14	\$293.00	43	\$4,889.00
15	\$309.00	44	\$5,445.00
16	\$332.00	45	\$6,087.00
18	\$359.00	46	\$6,787.00
18	\$396.00	47	\$7,584.00
19	\$436.00	48	\$8,414.00
20	\$487.00	49	\$9,309.00
21	\$550.00	50	\$10,300.00
22	\$614.00	51	\$11,407.00
23	\$683.00	52	\$12,634.00
24	\$742.00	53	\$13,974.00
25	\$810.00	54	\$15,410.00
26	\$892.00	55	\$16,925.00
27	\$992.00	56	\$18,506.00
28	\$1,114.00	57	\$19,993.00
29	\$1,251.00	58	\$21,543.00
30	\$1,395.00	59	\$23,178.00
		60	\$24,905.00

DEFINITIONS

The definitions in this section apply to the following words and phrases whenever and wherever they appear in the Policy.

Beneficiary: the person to whom We pay Death Proceeds. The Beneficiary is as shown on Page 3 unless later changed as set forth in the Ownership and Beneficiary provision.

Company, We, Us, Our: the Company referred to on the first page of the Policy.

Conversion Period: the period during which You may convert or partially convert this Policy. The Conversion Period begins on the Policy Date and ends on the Final Conversion Date as shown on Page 3.

Date of Issue: the date shown on Page 3 from which Suicide and Incontestability provisions are measured. The date may be different from the Policy Date.

Death Benefit: the amount used to calculate the Death Proceeds as described under the Death Benefit provision.

Due Proof of Death: a certified death certificate, an order of a court of competent jurisdiction, or any other proof acceptable to Us.

Face Amount: an amount We use to determine the Death Benefit. On the Policy Date, the Face Amount equals the Initial Face Amount shown on Page 3. Thereafter, it may change in accordance with the terms of the Decreases in Face Amount and Partial Conversion provisions.

Final Conversion Date: the last date on which You may convert this policy. It is shown on Page 3.

Final Expiry Date: the date shown on Page 3 on which all coverage ends.

Grace Period: the 31 day period between the day Your Policy goes into default and the day on which Your Policy terminates.

In Writing: in a written form satisfactory to Us.

Insured: the person shown on Page 3 whose life is insured under the Policy.

Issue Age: the Insured's age on his/her birthday nearest the Policy Date.

Policy Anniversary: an anniversary of the Policy Date. Similarly, Policy Years are measured from the Policy Date.

Policy Date: the date shown on Page 3 from which Policy Anniversaries and Policy Years are determined. This is the date the initial premium is due.

Policy Years: years as measured from the Policy Date.

Premium Guarantee Period: the one year period following the Policy Date during which premiums are level and will not increase. The Premium Guarantee Period is shown on Page 3.

Renewal Term Period: the period following the end of the Premium Guarantee Period and ending on the Final Expiry Date during which the Policy may be annually renewed.

You, Your: the Owner of the Policy.

DEATH BENEFIT**General**

The Death Benefit is not effective until the Policy is delivered while the Insured is living, all answers in the application continue to be true and complete at the time of delivery, and We receive prior to or upon delivery of the Policy and while the Insured is living the initial premium due as of the Policy Date.

The Death Benefit on the Policy Date is equal to the initial Face Amount shown in the Policy Specifications. Thereafter, the Death Benefit is equal to the current Face Amount under the Policy. The Death Benefit may change in accordance with the Decreases in Face Amount and Partial Conversion provisions.

Death Proceeds

Subject to the terms of this Policy, upon receipt of Due Proof of Death of the Insured, We will pay the Death Proceeds to the Beneficiary(ies). Death Proceeds equal the Death Benefit plus the portion of any premium which was paid to Us for the period beyond the end of the Policy month of the Insured's death, minus the amount of any unpaid premium due Us as of the Insured's date of death.

All or part of the Death Proceeds may, instead of being paid in one sum, be left with Us under any of the Settlement Options described in the Policy or under any Settlement Option then being offered by Us, subject to Our minimum amount requirements on the date of election.

We will pay interest on the Death Proceeds (including any premiums paid for any period beyond the end of the Policy month in which death occurred) of at least 2% per year, or higher, if required by the laws of the state in which this Policy is issued, from the date We receive notification of the Insured's death to the date payment is made or an Income Settlement Option is elected. If settlement is not made within 30 days of the date We receive Due Proof of Death of the Insured, We will pay interest on the Death Proceeds at the rate of 8% per year beginning on the 30th day following receipt of Due Proof of Death to the date payment is made or an Income Settlement Option is elected.

DECREASES IN FACE AMOUNT**General**

At any time after the first Policy Year, You may make a request In Writing, or in a manner satisfactory to Us, to decrease the Face Amount. The minimum amount by which the Face Amount can be decreased is based on Our rules then in effect. We may limit You to one decrease in any 12 month period.

A decrease in the Face Amount will be effective on the Monthly Anniversary next following the date We receive Your request. The remaining Face Amount after the decrease may not be less than Our minimum rules then in effect.

PREMIUM PAYMENTS**General**

The initial modal premium must be received by Us prior to or upon delivery of the Policy. After the first premium has been paid, subsequent premiums are due at the end of the period for which the preceding premium was paid. Premium checks must be made payable to the Company shown on the first page of the Policy and should be sent to Us at the address shown on the premium notice.

Premium Payment Frequency

Subject to Our rules then in effect, You may change the frequency of premium payments to annual, semi-annual, quarterly or monthly, provided You notify Us in Writing before the end of the Grace Period and the resulting premium satisfies Our minimum amount rules then in effect. If a change in the frequency of premium payments is requested, the premium will be based on rates in effect at the time the request is made, provided the new rates do not exceed the existing rates.

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Supporting Document Schedules

Item Status:
Status Date:

Satisfied - Item: Certification/Notice

Comments:

Attachments:

AR Cert - Rule 19 _Unfair Discrim_.pdf
 AR Cert - Rule 11-88.pdf
 AR Cert Actuarial - Bull 11-83 _Non-guaranteed elements_.pdf
 CONSENT TO SUBMIT RATES _Bulletin 11-83_ signed.pdf
 Readability Certification.pdf

Item Status:
Status Date:

Satisfied - Item: Application

Comments:

This will be used with application HL-15911(07) which was approved on January 3, 2007

**ARKANSAS
POLICY FORM CERTIFICATION**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form (s): **1018(3)URev, 1018(4)URev and 1018(5/6)U(AR)Rev**

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, Chief Compliance Officer

March 18, 2009

Date

**CERTIFICATION OF COMPLIANCE
WITH ARKANSAS BULLETIN 11-88
CONSUMER NOTICE**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

I hereby certify that Bulletin 11-88 has been reviewed and that this submission complies with such bulletin in that a Consumer Notice of the type prescribed is issued with the Policy at the time of delivery.



Otis Maynard, Chief Compliance Officer Individual Life division
March 18, 2009

**CERTIFICATION OF COMPLIANCE
WITH ARKANSAS BULLETIN NO. 11-83 ENTITLED
“GUIDELINES FOR NON-GUARANTEED COSTS ON PARTICIPATING AND NON-PARTICIPATING
LIFE INSURANCE”**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

I hereby certify that these guidelines have been reviewed and that this submission complies with the Guidelines for Non-Guaranteed Costs on Non-Participating Life Insurance.



Otis Maynard, Chief Compliance Officer Individual Life division
March 18, 2009

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Hartford Life and Annuity Insurance Company (“Company”) of Hartford, CT, does hereby consent and agree

- A) that all premium rates and/or cost bases both “maximum “ and “current or projected”, used in relation to policy form number **ILA-1018(06)U** must be filed with the Insurance Commissioner for the State of Arkansas (“Commissioner”) at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days

Hartford Life and Annuity Insurance Company

A handwritten signature in black ink, appearing to read 'Ximing Yao', is written over a horizontal line.

Ximing Yao, FSA, MAAA
Director, Individual Life Product Development

Readability Certificate

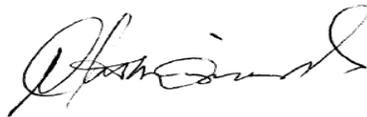
I hereby certify that the forms referenced below have each been scored in their entirety using the Flesch Ease of Reading Test and have attained the score indicated. I further certify that, to the best of my knowledge and belief, said forms comply with state readability requirements and are printed in 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.

<u>Form Number</u>	<u>Flesch Score</u>
1018(3)URev	50.1*
1018(4)URev	50.1*
1018(5/6)U(AR)Rev	50.1*

*when scored as part of base Policy

Hartford Life and Annuity Insurance Company
NAIC Number 71153-091



Signature of Insurance Company Officer

Otis Maynard, Chief Compliance Officer
Typed Name and Title