

SERFF Tracking Number: HARL-126548632 State: Arkansas  
 Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number: 45482  
 Company Tracking Number: 1264(3A)REV ET AL  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)  
 Adjustable Life  
 Product Name: Hartford Bicentennial UL Joint Freedom & PPR Specification Pages Reprice 2010  
 Project Name/Number: Hartford Bicentennial UL Joint Freedom & PPR Specification Pages Reprice 2010/1264(3A)REV ET AL

## Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Hartford Bicentennial UL Joint Freedom & PPR Specification Pages Reprice 2010  
 SERFF Tr Num: HARL-126548632 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num: 45482  
 Sub-TOI: L09I.002 Joint (Last Survivor)  
 Co Tr Num: 1264(3A)REV ET AL State Status: Approved-Closed  
 Filing Type: Form  
 Reviewer(s): Linda Bird  
 Authors: Jane Chapman, Roberta Chu, Barbara Warren, Frank Durante  
 Disposition Date: 04/23/2010  
 Date Submitted: 04/22/2010  
 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval  
 Implementation Date:

State Filing Description:

## General Information

Project Name: Hartford Bicentennial UL Joint Freedom & PPR Specification Pages Reprice 2010  
 Project Number: 1264(3A)REV ET AL  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 04/23/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/18/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/23/2010

Created By: Barbara Warren

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Barbara Warren

Filing Description:

We are submitting the subject forms for your review and approval. Please note that a similar type of update to a Single Life Flexible Premium Universal Life product has recently been approved. We suggest that you consider reviewing the two submissions together. Thank you for your courtesy in this matter.

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These new forms will not replace previous forms and will be used for new issues only. The specifications pages submitted for review will be used with new issues of our Last Survivor Flexible Premium Universal Life Policy LA-1264(05) approved by the Department in 2004 and subsequent updates to Age Nearest Birthday mortality table in 2009. The forms are not intended for use with inforce business.

The submission consists of:

- Page 3A to increase the maximum Premium Charges and the Per \$1000 charge rate and duration from the maximums last filed and approved; and
- Page 3C to increase the maximum Cost of Insurance Rates and the CSO mortality table upon which they are based; and
- Page 3B to increase maximum Surrender Charges.

We are also submitting specifications pages which contain "shadow" rates and charges for the Policy Protection Rider (which provides a no-lapse guarantee based on these "shadow" rates and charges versus premium-based NLG). The Rider form number LA-1265(05)Rev was approved by the Department on 01/07/2009 under File No. 41244. Please note the Rider itself is not being revised at this time. Information that is being updated in the Policy Protection Rider specification pages consists of increased Monthly Administrative Rider Charge, the Premium Charge for Section A and B of the Policy Protection Account, the Policy Protection Credited Rate and duration, and the Policy Protection Per \$1000 Charge Rate and duration.

Also attached is the actuarial memorandum, and any other certifications or required documents.

Text considered variable is found only in the Policy Specifications pages and is enclosed in brackets. Such language is issue-specific and will change based on issue age, insurance class, policy duration, and gender as applicable. See the Statement of Variability for details. In regard to variability of life insurance contracts, changes in printing technology may periodically alter slightly form format. We reserve the right to make such changes without re-filing.

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

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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

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: 50.00 per form x 4 forms = 200.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$200.00	04/22/2010	35873299

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/23/2010	04/23/2010



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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	1264 et al Actuarial Memorandum		No
<b>Supporting Document</b>	Statements of Variability and Annotated pages		Yes
<b>Form</b>	Specification Page		Yes
<b>Form</b>	Specification Page		Yes
<b>Form</b>	Specification Page		Yes
<b>Form</b>	Specification Page		Yes

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## Form Schedule

Lead Form Number: 1264(3A)Rev

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1264(3A)R ev	Schedule Pages	Specification Page	Initial		0.000	1264(3A)Rev.pdf
	1264(3B)R ev1	Schedule Pages	Specification Page	Initial		0.000	1264(3B)Rev1.pdf
	1264(3C)R ev1	Schedule Pages	Specification Page	Initial		0.000	1264(3C)Rev1.pdf
	1264(3 contd)Rev2	Schedule Pages	Specification Page	Initial		0.000	1264(3 contd)Rev2.pdf

POLICY NUMBER: UL0000001

## POLICY SPECIFICATIONS

### POLICY CHARGES

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#### DEDUCTIONS FROM PREMIUM PAYMENTS

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##### TYPE OF CHARGE

##### Maximum Premium Charges:

POLICY YEARS

All Years

##### PERCENT OF PREMIUMS PAID

10.00%

##### Tax Charge:

ALL POLICY YEARS

[1.75%]\*

\* THE TAX PERCENTAGE RATE DEPENDS UPON THE RATE ASSESSED BY YOUR STATE OR MUNICIPALITY. IF YOUR STATE OR MUNICIPALITY CHANGES OR IF YOUR STATE OR MUNICIPALITY CHANGES ITS TAX RATE, THE TAX RATE WILL CHANGE TO EQUAL THAT NEW RATE.

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#### MAXIMUM DEDUCTIONS FROM ACCOUNT VALUE

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**Monthly Administrative  
Charge**

POLICY  
YEARS  
ALL

CHARGE OR  
PERCENT OF VALUE  
\$10.00 PER MONTH

**Per \$1,000 Charge Rate**

1-20

[0.1900] PER MONTH PER \$1,000 OF  
THE INITIAL FACE AMOUNT

POLICY NUMBER: UL0000001

## POLICY SPECIFICATIONS

### POLICY CHARGES

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#### MAXIMUM SURRENDER CHARGES

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POLICY YEAR	SURRENDER CHARGE	POLICY YEAR	SURRENDER CHARGE
1	[1,721.00	11	[1,161.00
2	1,706.00	12	1,078.00
3	1,691.00	13	995.00
4	1,675.00	14	912.00
5	1,659.00	15	829.00
6	1,576.00	16	663.00
7	1,493.00	17	497.00
8	1,410.00	18	331.00
9	1,327.00	19	165.00]
10	1,244.00]	20+	0.00

**POLICY SPECIFICATIONS**

**TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES  
AND MONTHLY MAXIMUM COST OF INSURANCE RATES PER \$1,000**

<b>ATTAINED AGE</b>	<b>MINIMUM DEATH BENEFIT PERCENTAGES</b>	<b>MAXIMUM COST OF INSURANCE RATE</b>	<b>ATTAINED AGE</b>	<b>MINIMUM DEATH BENEFIT PERCENTAGES</b>	<b>MAXIMUM COST OF INSURANCE RATE</b>
35	250.00	0.000100	78	105.00	1.971900
36	250.00	0.000300	79	105.00	2.302700
37	250.00	0.000500	80	105.00	2.680500
38	250.00	0.000800	81	105.00	3.149000
39	250.00	0.001000	82	105.00	3.679000
40	250.00	0.001300	83	105.00	4.253300
41	243.00	0.001800	84	105.00	4.901100
42	236.00	0.002300	85	105.00	5.636700
43	229.00	0.002900	86	105.00	6.395300
44	222.00	0.003700	87	105.00	7.350200
45	215.00	0.004700	88	105.00	8.374000
46	209.00	0.005800	89	105.00	9.467800
47	203.00	0.007300	90	105.00	10.539800
48	197.00	0.008900	91	104.00	11.306000
49	191.00	0.010800	92	103.00	12.322000
50	185.00	0.013200	93	102.00	13.618300
51	178.00	0.016100	94	101.00	15.166300
52	171.00	0.019800	95	101.00	17.013100
53	164.00	0.024300	96	101.00	18.772900
54	157.00	0.029900	97	101.00	20.601300
55	150.00	0.036900	98	101.00	21.190900
56	146.00	0.045400	99	101.00	22.348300
57	142.00	0.055600	100	101.00	24.017900
58	138.00	0.067000	101	101.00	25.719800
59	134.00	0.080300	102	101.00	27.631300
60	130.00	0.096400	103	101.00	29.733600
61	128.00	0.116000	104	101.00	32.066500
62	126.00	0.140100	105	101.00	34.607000
63	124.00	0.168700	106	101.00	37.236800
64	122.00	0.202100	107	101.00	39.951800
65	120.00	0.241100	108	101.00	42.702500
66	119.00	0.285800	109	101.00	45.577700
67	118.00	0.336900	110	101.00	48.529700
68	117.00	0.396400	111	101.00	51.387600
69	116.00	0.464300	112	101.00	54.177800
70	115.00	0.545500	113	101.00	56.749200
71	113.00	0.641700	114	101.00	60.298300
72	111.00	0.761000	115	101.00	63.630200
73	109.00	0.897800	116	101.00	67.092300
74	107.00	1.054300	117	101.00	70.879300
75	105.00	1.235300	118	101.00	74.408900
76	105.00	1.443100	119	101.00	78.002100]
77	105.00	1.686300			

THE MINIMUM DEATH BENEFIT PERCENTAGES ARE DETERMINED TO COMPLY WITH SECTION 7702 OF THE INTERNAL REVENUE CODE. THE MAXIMUM COST OF INSURANCE RATES DO NOT EXCEED THE COST OF INSURANCE RATES BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY, MALE OR FEMALE, SMOKER OR NON-SMOKER, ULTIMATE, AGE NEAREST BIRTHDAY MORTALITY TABLE. THE MAXIMUM COST OF INSURANCE RATES HAVE BEEN ADJUSTED TO REFLECT ANY SPECIAL CLASS RATING.

POLICY SPECIFICATIONS

ADDITIONAL BENEFITS AND RIDERS

POLICY PROTECTION RIDER

First Insured: [JOHN DOE]  
First Insured Issue Age/Sex: [35, MALE]  
First Insured Insurance Class: [PREFERRED/NON-NICOTINE]  
  
Second Insured: [MARY DOE]  
Second Insured Issue Age/Sex: [35, FEMALE]  
Second Insured Insurance Class: [PREFERRED/NON-NICOTINE]  
  
Maximum Monthly Administrative Rider Charge: [\$10.00]  
Maximum Percentage of Cost of Insurance Charge for the Policy: [100%]  
Date of Issue: [JANUARY 1, 2011]  
Rider Effective Date: [JANUARY 1, 2011]

RIDERS COVERED BY THE POLICY PROTECTION RIDER

[Last Survivor Exchange Option Rider  
Estate Protection Rider]

DEDUCTIONS FROM PREMIUM PAYMENTS USED TO DETERMINE THE POLICY PROTECTION NET PREMIUM

<u>TYPE OF CHARGE</u>	<u>POLICY YEARS</u>	<u>PERCENT OF PREMIUMS PAID</u>
Policy Protection Tax Charge for Premiums Allocated to Section A of the Policy Protection Account	ALL	[1.75%]
Policy Protection Tax Charge for Premiums Allocated to Section B of the Policy Protection Account	ALL	[1.75%]

The Tax Charge Percentage depends upon the Premium Tax Rate assessed by Your state or municipality as of the Policy Date.

<u>TYPE OF CHARGE</u>	<u>POLICY YEARS</u>	<u>PERCENT OF PREMIUMS PAID</u>
Policy Protection Premium Charge for Premiums Allocated to Section A of the Policy Protection Account	ALL	[10.00%]
Policy Protection Premium Charge for Premiums Allocated to Section B of the Policy Protection Account	[1 2]	[8.00% 6.00%]

**POLICY PROTECTION RIDER (CONTINUED)**

**Schedule A Rates and Charges for the Policy Protection Account**

**INTEREST CREDITS APPLIED TO THE POLICY PROTECTION ACCOUNT**

**Policy Protection Credited Rate (Annual Effective Rate)**      ALL YEARS      3.00%

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT**

	<u>POLICY YEARS</u>	<u>CHARGE OR PERCENT OF ACCOUNT</u>
<b>Policy Protection Monthly Administrative Charge</b>	ALL	\$10.00 PER MONTH
<b>Policy Protection Per \$1,000 Charge Rate</b>	ALL	[0.1900] PER MONTH PER \$1,000 OF THE INITIAL FACE AMOUNT.

**Policy Protection Cost of Insurance Rate - Monthly Per \$1,000**

POLICY YEAR	RATE	POLICY YEAR	RATE	POLICY YEAR	RATE
[1	0.0002	30	1.4280	59	40.4663
2	0.0007	31	1.6749	60	45.2366
3	0.0013	32	1.9496	61	51.2608
4	0.0024	33	2.2528	62	57.0430
5	0.0038	34	2.5944	63	63.0377
6	0.0057	35	2.9713	64	64.0575
7	0.0081	36	3.4088	65	67.5074
8	0.0111	37	3.9108	66	72.9969
9	0.0149	38	4.5163	67	78.8508
10	0.0200	39	5.1810	68	83.3333
11	0.0266	40	5.9086	69	83.3333
12	0.0352	41	6.7156	70	83.3333
13	0.0460	42	7.6027	71	83.3333
14	0.0594	43	8.5983	72	83.3333
15	0.0753	44	9.7163	73	83.3333
16	0.0943	45	10.9459	74	83.3333
17	0.1173	46	12.2762	75	83.3333
18	0.1454	47	13.8930	76	83.3333
19	0.1796	48	15.6307	77	83.3333
20	0.2206	49	17.3776	78	83.3333
21	0.2714	50	19.2483	79	83.3333
22	0.3324	51	21.2785	80	83.3333
23	0.4045	52	23.1410	81	83.3333
24	0.4885	53	25.6516	82	83.3333
25	0.5852	54	28.2245	83	83.3333
26	0.7147	55	30.9098	84	83.3333
27	0.8523	56	33.3503	85	83.3333]
28	1.0183	57	34.4828		
29	1.2103	58	36.8184		

**Estate Protection Rider Cost of Insurance Rate – Monthly Per \$1,000**

<u>POLICY YEARS</u>	<u>RATE</u>
1-4	0.0208

**POLICY PROTECTION RIDER (CONTINUED)**

**Schedule B Rates and Charges for the Policy Protection Account**

**INTEREST CREDITS APPLIED TO THE POLICY PROTECTION ACCOUNT**

<b>Policy Protection Credited Rate (Annual Effective Rate)</b>	<b><u>POLICY YEARS</u></b>	<b><u>RATE</u></b>
	[1	3.00%
	2-15	3.50%
	16-30	6.40%
	31-36	6.60%
	37+	6.60%]

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT**

	<b><u>POLICY YEARS</u></b>	<b><u>CHARGE OR PERCENT OF ACCOUNT</u></b>
<b>Policy Protection Monthly Administrative Charge</b>	ALL	\$10.00 PER MONTH
<b>Policy Protection Per \$1,000 Charge Rate</b>	<b><u>POLICY YEARS</u></b>	<b><u>PER MONTH PER \$1,000 THE INITIAL FACE AMOUNT</u></b>
	[1-3	0.1170
	4	0.1400
	5	0.1640
	6	0.1870
	7	0.2100
	8	0.2340
	9	0.2570
	10-17	0.2800
	18-20	0.2570
	21	0.2340
	22	0.2100
	23	0.1870
	24	0.1640
	25-28	0.1400
	29	0.1290
	30	0.1170]

**POLICY PROTECTION RIDER (CONTINUED)**

**Schedule B Rates and Charges for the Policy Protection Account**

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT (CONTINUED)**

**Policy Protection Cost of Insurance Rate - Monthly Per \$1,000**

<u>POLICY YEAR</u>	<u>RATE</u>	<u>POLICY YEAR</u>	<u>RATE</u>	<u>POLICY YEAR</u>	<u>RATE</u>
[1	0.0000	30	0.1927	59	13.6143
2	0.0001	31	0.2311	60	15.1632
3	0.0002	32	0.2753	61	17.0108
4	0.0003	33	0.3259	62	18.7714
5	0.0004	34	0.3849	63	20.6003
6	0.0006	35	0.4524	64	21.1909
7	0.0008	36	0.5331	65	22.3488
8	0.0012	37	0.6287	66	24.0187
9	0.0016	38	0.7474	67	25.7207
10	0.0022	39	0.8837	68	27.6322
11	0.0028	40	1.0398	69	29.7343
12	0.0038	41	1.2203	70	32.0672
13	0.0050	42	1.4278	71	34.6075
14	0.0065	43	1.6708	72	37.2373
15	0.0083	44	1.9562	73	39.9521
16	0.0105	45	2.2868	74	42.7028
17	0.0132	46	2.6647	75	45.5778
18	0.0164	47	3.1333	76	48.5298
19	0.0205	48	3.6634	77	51.3877
20	0.0254	49	4.2382	78	54.1779
21	0.0316	50	4.8866	79	56.7493
22	0.0392	51	5.6228	80	60.2983
23	0.0483	52	6.3826	81	63.6302
24	0.0592	53	7.3383	82	67.0924
25	0.0719	54	8.3633	83	70.8793
26	0.0893	55	9.4583	84	74.4090
27	0.1083	56	10.5318	85	78.0023 ]
28	0.1319	57	11.2996		
29	0.1599	58	12.3169		

**Estate Protection Rider Cost of Insurance Rate – Monthly Per \$1,000**

<u>POLICY YEARS</u>	<u>RATE</u>
1-4	0.0208

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## Supporting Document Schedules

	Item Status:	Status Date:
<p><b>Satisfied - Item:</b> Flesch Certification  <b>Comments:</b>  <b>Attachments:</b>            AR Cert - Rule 19 (Unfair Discrim).pdf            AR Certification Actuarial - Bulletin 11-83 (Non-Guaranteed Elements).pdf            AR Certification Actuarial - Regulation 34 (UL).pdf</p>		
<p><b>Bypassed - Item:</b> Application  <b>Bypass Reason:</b> /a - this is not a policy submission.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Health - Actuarial Justification  <b>Bypass Reason:</b> n/a - this is not a health submission.  <b>Comments:</b></p>		
<p><b>Bypassed - Item:</b> Outline of Coverage  <b>Bypass Reason:</b> n/a - this is not a health submission.  <b>Comments:</b></p>		
<p><b>Satisfied - Item:</b> Statements of Variability and Annotated pages</p>		

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**Comments:**

**Attachments:**

SOVforPolicySpec.pdf  
PolicySpecsAnnotated.pdf  
PPR CW SOV.pdf  
PPRSpecsAnnotated.pdf

**ARKANSAS  
POLICY FORM CERTIFICATION**

**HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

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

1264(3A)Rev	Specification Page
1264(3B)Rev1	Specification Page
1264(3C)Rev1	Specification Page
1264(3 contd)Rev2	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:



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Lenore Paoli, AVP, ILD Compliance

April 20, 2010  
Date

**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.



---

Paul Fischer, FSA, MAAA  
AVP & Actuary, ILD Product Development

**CERTIFICATION OF COMPLIANCE  
WITH ARKANSAS RULE AND REGULATION 34  
ENTITLED "UNIVERSAL LIFE INSURANCE"**

**HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

I hereby certify that these guidelines have been reviewed and that this submission complies with Arkansas Rule and Regulation 34, which includes Section 6 (Valuation) and Section 7 (Non-forfeiture).

When calculating the reserves under the minimum reserve method in Rule and Regulation 34, in no case shall the reserves be less than the actual cash surrender values provided for under the policy contract.



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Paul Fischer, FSA, MAAA  
AVP & Actuary, ILD Product Development

**Hartford Life and Annuity Insurance Company**  
**Statement of Variability for:**  
**Individual Flexible Premium Universal Life Policy Specification Pages**

**Variable Text Denoted by Brackets**  
**Date: 03/15/2010**

**Page 3A**

1	Tax charge	State specific information. The tax charge will reflect current state and/or municipality tax charge assessed by the state in which the Policy is issued and delivered. If the resident state or municipality changes or if the state or municipality changes its tax rate, the tax rate will change to equal that new rate.
2	Monthly Per \$1,000 Charge Rate	Charge will vary based on Applicant specific information. Please see Actuarial Memorandum for minimum and maximum charges per policy issue.

**Page 3B**

3	Maximum Surrender Charges	Will vary based on Applicant specific information. Please see Actuarial Memorandum for minimum and maximum charges per policy issue.
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**Page 3C**

4	Table of Minimum Death Benefit Percentages and Monthly Maximum Cost of Insurance Rates per \$1,000	<b>Minimum Death Benefit Percentages and Maximum Cost of Insurance Rate</b> will vary based on Applicant specific information.
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POLICY NUMBER: UL0000001

## POLICY SPECIFICATIONS

### POLICY CHARGES

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#### DEDUCTIONS FROM PREMIUM PAYMENTS

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##### TYPE OF CHARGE

##### Maximum Premium Charges:

POLICY YEARS

All Years

##### PERCENT OF PREMIUMS PAID

10.00%

##### Tax Charge:

ALL POLICY YEARS

[1.75%]\*

1

\* THE TAX PERCENTAGE RATE DEPENDS UPON THE RATE ASSESSED BY YOUR STATE OR MUNICIPALITY. IF YOUR STATE OR MUNICIPALITY CHANGES OR IF YOUR STATE OR MUNICIPALITY CHANGES ITS TAX RATE, THE TAX RATE WILL CHANGE TO EQUAL THAT NEW RATE.

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#### MAXIMUM DEDUCTIONS FROM ACCOUNT VALUE

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Monthly Administrative Charge

POLICY YEARS  
ALL

CHARGE OR PERCENT OF VALUE  
\$10.00 PER MONTH

Per \$1,000 Charge Rate

1-20

[0.1900] PER MONTH PER \$1,000 OF THE INITIAL FACE AMOUNT

2

POLICY NUMBER: UL0000001

## POLICY SPECIFICATIONS

### POLICY CHARGES

3

#### MAXIMUM SURRENDER CHARGES

POLICY YEAR	SURRENDER CHARGE	POLICY YEAR	SURRENDER CHARGE
1	[1,721.00	11	[1,161.00
2	1,706.00	12	1,078.00
3	1,691.00	13	995.00
4	1,675.00	14	912.00
5	1,659.00	15	829.00
6	1,576.00	16	663.00
7	1,493.00	17	497.00
8	1,410.00	18	331.00
9	1,327.00	19	165.00]
10	1,244.00]	20+	0.00

**POLICY SPECIFICATIONS**

4

**TABLE OF MINIMUM DEATH BENEFIT PERCENTAGES  
AND MONTHLY MAXIMUM COST OF INSURANCE RATES PER \$1,000**

ATTAINED AGE	MINIMUM DEATH BENEFIT PERCENTAGES	MAXIMUM COST OF INSURANCE RATE	ATTAINED AGE	MINIMUM DEATH BENEFIT PERCENTAGES	MAXIMUM COST OF INSURANCE RATE
35	250.00	0.000100	78	105.00	1.971900
36	250.00	0.000300	79	105.00	2.302700
37	250.00	0.000500	80	105.00	2.680500
38	250.00	0.000800	81	105.00	3.149000
39	250.00	0.001000	82	105.00	3.679000
40	250.00	0.001300	83	105.00	4.253300
41	243.00	0.001800	84	105.00	4.901100
42	236.00	0.002300	85	105.00	5.636700
43	229.00	0.002900	86	105.00	6.395300
44	222.00	0.003700	87	105.00	7.350200
45	215.00	0.004700	88	105.00	8.374000
46	209.00	0.005800	89	105.00	9.467800
47	203.00	0.007300	90	105.00	10.539800
48	197.00	0.008900	91	104.00	11.306000
49	191.00	0.010800	92	103.00	12.322000
50	185.00	0.013200	93	102.00	13.618300
51	178.00	0.016100	94	101.00	15.166300
52	171.00	0.019800	95	101.00	17.013100
53	164.00	0.024300	96	101.00	18.772900
54	157.00	0.029900	97	101.00	20.601300
55	150.00	0.036900	98	101.00	21.190900
56	146.00	0.045400	99	101.00	22.348300
57	142.00	0.055600	100	101.00	24.017900
58	138.00	0.067000	101	101.00	25.719800
59	134.00	0.080300	102	101.00	27.631300
60	130.00	0.096400	103	101.00	29.733600
61	128.00	0.116000	104	101.00	32.066500
62	126.00	0.140100	105	101.00	34.607000
63	124.00	0.168700	106	101.00	37.236800
64	122.00	0.202100	107	101.00	39.951800
65	120.00	0.241100	108	101.00	42.702500
66	119.00	0.285800	109	101.00	45.577700
67	118.00	0.336900	110	101.00	48.529700
68	117.00	0.396400	111	101.00	51.387600
69	116.00	0.464300	112	101.00	54.177800
70	115.00	0.545500	113	101.00	56.749200
71	113.00	0.641700	114	101.00	60.298300
72	111.00	0.761000	115	101.00	63.630200
73	109.00	0.897800	116	101.00	67.092300
74	107.00	1.054300	117	101.00	70.879300
75	105.00	1.235300	118	101.00	74.408900
76	105.00	1.443100	119	101.00	78.002100]
77	105.00	1.686300			

THE MINIMUM DEATH BENEFIT PERCENTAGES ARE DETERMINED TO COMPLY WITH SECTION 7702 OF THE INTERNAL REVENUE CODE. THE MAXIMUM COST OF INSURANCE RATES DO NOT EXCEED THE COST OF INSURANCE RATES BASED ON THE 2001 COMMISSIONERS STANDARD ORDINARY, MALE OR FEMALE, SMOKER OR NON-SMOKER, ULTIMATE, AGE NEAREST BIRTHDAY MORTALITY TABLE. THE MAXIMUM COST OF INSURANCE RATES HAVE BEEN ADJUSTED TO REFLECT ANY SPECIAL CLASS RATING.

**Hartford Life and Annuity Insurance Company  
Statement of Variability  
March 15, 2010**

**Policy Protection Rider  
Specification Pages  
3 (continued)**

**Variable Text Denoted by Brackets**

**Page 3 (continued) Policy Specifications**

<b>1</b>	<b>POLICY PROTECTION RIDER</b>	<p><b>POLICY PROTECTION RIDER</b> Information pertaining to the Rider will vary based on Applicant specific information.</p> <p><b>Maximum Monthly Administrative Rider Charge</b> equal to .10 per \$1,000 of face amount. We may increase this fee to equal a maximum of \$1.00 per \$1,000 of face amount. Any such change will be applied uniformly in a non-discriminatory manner.</p> <p><b>Maximum Percentage of Cost of Insurance Charge for the Policy</b> are the maximum charges. We may charge less. Any such change will be applied uniformly in a non-discriminatory manner.</p>
<b>2</b>	<b>RIDERS COVERED BY THE POLICY PROTECTION RIDER</b>	Will vary based on owner's selection of Riders at time of application.
<b>3</b>	<b>DEDUCTIONS FROM PREMIUM PAYMENTS USED TO DETERMINE THE POLICY PROTECTION NET PREMIUM</b>	<p><b>Policy Protection Tax Charge</b> will vary based on the Tax Charge assessed by state in which the policy is issued on the Policy Date.</p> <p><b>Policy Protection Premium Charge for Schedule A</b> will vary based on applicant specific information.</p> <p><b>Policy Protection Premium Charge and duration for Schedule B</b> will vary based on applicant specific information.</p>
<b>4</b>	<b>DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT</b>	<p><b>Policy Protection Per \$1,000 Charge Rate (for Schedule A)</b> will vary based on applicant specific information.</p> <p><b>Policy Protection Per \$1,000 Charge Rate and duration (for Schedule B)</b> will vary based on will vary based on applicant specific information.</p> <p><b>Policy Protection Cost of Insurance Rate - Monthly Per \$1,000 (for Schedule A and B)</b> will vary based on applicant specific information.</p> <p><b>Policy Protection Rider Charges</b> will vary based on owner selection of riders. Rates and charges shown will be based on the rates and charges for each selected Rider as deducted from Schedule A and Schedule B Policy Protection Account.</p>
<b>5</b>	<b>INTEREST CREDITS APPLIED TO THE POLICY PROTECTION ACCOUNT</b>	<b>(for Schedule B) Policy Protection Credited Rate (Annual Effective Rate)</b> will vary based on applicant specific information.

1

**POLICY SPECIFICATIONS**

**ADDITIONAL BENEFITS AND RIDERS**

**POLICY PROTECTION RIDER**

**First Insured:** [JOHN DOE]  
**First Insured Issue Age/Sex:** [35, MALE]  
**First Insured Insurance Class:** [PREFERRED/NON-NICOTINE]  
  
**Second Insured:** [MARY DOE]  
**Second Insured Issue Age/Sex:** [35, FEMALE]  
**Second Insured Insurance Class:** [PREFERRED/NON-NICOTINE]  
  
**Maximum Monthly Administrative Rider Charge:** [\$10.00]  
**Maximum Percentage of Cost of Insurance Charge for the Policy:** [100%]  
**Date of Issue:** [JANUARY 1, 2011]  
**Rider Effective Date:** [JANUARY 1, 2011]

2

**RIDERS COVERED BY THE POLICY PROTECTION RIDER**

[Last Survivor Exchange Option Rider  
Estate Protection Rider]

3

**DEDUCTIONS FROM PREMIUM PAYMENTS USED TO DETERMINE THE POLICY PROTECTION NET PREMIUM**

<u>TYPE OF CHARGE</u>	<u>POLICY YEARS</u>	<u>PERCENT OF PREMIUMS PAID</u>
Policy Protection Tax Charge for Premiums Allocated to Section A of the Policy Protection Account	ALL	[1.75%]
Policy Protection Tax Charge for Premiums Allocated to Section B of the Policy Protection Account	ALL	[1.75%]

The Tax Charge Percentage depends upon the Premium Tax Rate assessed by Your state or municipality as of the Policy Date.

<u>TYPE OF CHARGE</u>	<u>POLICY YEARS</u>	<u>PERCENT OF PREMIUMS PAID</u>
Policy Protection Premium Charge for Premiums Allocated to Section A of the Policy Protection Account	ALL	[10.00%]
Policy Protection Premium Charge for Premiums Allocated to Section B of the Policy Protection Account	[1 2]	[8.00% 6.00%]

**POLICY PROTECTION RIDER (CONTINUED)**

**Schedule A Rates and Charges for the Policy Protection Account**

**INTEREST CREDITS APPLIED TO THE POLICY PROTECTION ACCOUNT**

**Policy Protection Credited Rate (Annual Effective Rate)**      ALL YEARS      3.00%

4

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT**

	<u>POLICY YEARS</u>	<u>CHARGE OR PERCENT OF ACCOUNT</u>
<b>Policy Protection Monthly Administrative Charge</b>	ALL	\$10.00 PER MONTH
<b>Policy Protection Per \$1,000 Charge Rate</b>	ALL	[0.1900] PER MONTH PER \$1,000 OF THE INITIAL FACE AMOUNT.

**Policy Protection Cost of Insurance Rate - Monthly Per \$1,000**

POLICY YEAR	RATE	POLICY YEAR	RATE	POLICY YEAR	RATE
[1	0.0002	30	1.4280	59	40.4663
2	0.0007	31	1.6749	60	45.2366
3	0.0013	32	1.9496	61	51.2608
4	0.0024	33	2.2528	62	57.0430
5	0.0038	34	2.5944	63	63.0377
6	0.0057	35	2.9713	64	64.0575
7	0.0081	36	3.4088	65	67.5074
8	0.0111	37	3.9108	66	72.9969
9	0.0149	38	4.5163	67	78.8508
10	0.0200	39	5.1810	68	83.3333
11	0.0266	40	5.9086	69	83.3333
12	0.0352	41	6.7156	70	83.3333
13	0.0460	42	7.6027	71	83.3333
14	0.0594	43	8.5983	72	83.3333
15	0.0753	44	9.7163	73	83.3333
16	0.0943	45	10.9459	74	83.3333
17	0.1173	46	12.2762	75	83.3333
18	0.1454	47	13.8930	76	83.3333
19	0.1796	48	15.6307	77	83.3333
20	0.2206	49	17.3776	78	83.3333
21	0.2714	50	19.2483	79	83.3333
22	0.3324	51	21.2785	80	83.3333
23	0.4045	52	23.1410	81	83.3333
24	0.4885	53	25.6516	82	83.3333
25	0.5852	54	28.2245	83	83.3333
26	0.7147	55	30.9098	84	83.3333
27	0.8523	56	33.3503	85	83.3333]
28	1.0183	57	34.4828		
29	1.2103	58	36.8184		

**Estate Protection Rider Cost of Insurance Rate – Monthly Per \$1,000**

<u>POLICY YEARS</u>	<u>RATE</u>
1-4	0.0208

**POLICY PROTECTION RIDER (CONTINUED)**

**Schedule B Rates and Charges for the Policy Protection Account**

5

**INTEREST CREDITS APPLIED TO THE POLICY PROTECTION ACCOUNT**

<b>Policy Protection Credited Rate (Annual Effective Rate)</b>	<b><u>POLICY YEARS</u></b>	<b><u>RATE</u></b>
	[1	3.00%
	2-15	3.50%
	16-30	6.40%
	31-36	6.60%
	37+	6.60%]

4

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT**

	<b><u>POLICY YEARS</u></b>	<b><u>CHARGE OR PERCENT OF ACCOUNT</u></b>
<b>Policy Protection Monthly Administrative Charge</b>	ALL	\$10.00 PER MONTH
<b>Policy Protection Per \$1,000 Charge Rate</b>	<b><u>POLICY YEARS</u></b>	<b><u>PER MONTH PER \$1,000 THE INITIAL FACE AMOUNT</u></b>
	[1-3	0.1170
	4	0.1400
	5	0.1640
	6	0.1870
	7	0.2100
	8	0.2340
	9	0.2570
	10-17	0.2800
	18-20	0.2570
	21	0.2340
	22	0.2100
	23	0.1870
	24	0.1640
	25-28	0.1400
	29	0.1290
	30	0.1170]

**POLICY PROTECTION RIDER (CONTINUED)**

4

**Schedule B Rates and Charges for the Policy Protection Account**

**DEDUCTIONS TAKEN FROM THE POLICY PROTECTION ACCOUNT (CONTINUED)**

**Policy Protection Cost of Insurance Rate - Monthly Per \$1,000**

POLICY YEAR	RATE	POLICY YEAR	RATE	POLICY YEAR	RATE
[1	0.0000	30	0.1927	59	13.6143
2	0.0001	31	0.2311	60	15.1632
3	0.0002	32	0.2753	61	17.0108
4	0.0003	33	0.3259	62	18.7714
5	0.0004	34	0.3849	63	20.6003
6	0.0006	35	0.4524	64	21.1909
7	0.0008	36	0.5331	65	22.3488
8	0.0012	37	0.6287	66	24.0187
9	0.0016	38	0.7474	67	25.7207
10	0.0022	39	0.8837	68	27.6322
11	0.0028	40	1.0398	69	29.7343
12	0.0038	41	1.2203	70	32.0672
13	0.0050	42	1.4278	71	34.6075
14	0.0065	43	1.6708	72	37.2373
15	0.0083	44	1.9562	73	39.9521
16	0.0105	45	2.2868	74	42.7028
17	0.0132	46	2.6647	75	45.5778
18	0.0164	47	3.1333	76	48.5298
19	0.0205	48	3.6634	77	51.3877
20	0.0254	49	4.2382	78	54.1779
21	0.0316	50	4.8866	79	56.7493
22	0.0392	51	5.6228	80	60.2983
23	0.0483	52	6.3826	81	63.6302
24	0.0592	53	7.3383	82	67.0924
25	0.0719	54	8.3633	83	70.8793
26	0.0893	55	9.4583	84	74.4090
27	0.1083	56	10.5318	85	78.0023 ]
28	0.1319	57	11.2996		
29	0.1599	58	12.3169		

**Estate Protection Rider Cost of Insurance Rate – Monthly Per \$1,000**

<u>POLICY YEARS</u>	<u>RATE</u>
1-4	0.0208