

SERFF Tracking Number: HARL-126953224 State: Arkansas
Filing Company: Hartford Life Insurance Company State Tracking Number: 47547
Company Tracking Number: IPD HL-21319(AR)
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: Group Annuity Applications
Project Name/Number: Group Annuity Applications/HL-21319(AR)

Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: Group Annuity Applications SERFF Tr Num: HARL-126953224 State: Arkansas

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 47547
Closed

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: IPD HL-21319(AR)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Anthony DePaolis, Lindsay Disposition Date: 01/05/2011

Cooper, Ginger Morgan, Joyce

Schiaffo, Tiffany Heist

Date Submitted: 12/17/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Annuity Applications

Status of Filing in Domicile: Pending

Project Number: HL-21319(AR)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Deemer Date:

Created By: Ginger Morgan

Submitted By: Ginger Morgan

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval are the above captioned forms. Form HL-21319(AR) will replace Form HL-20327(AR) which is currently being issued with Group Variable Funding Agreement Form HL-20326 which was approved by your department on 01/06/09 and the revision (Pg 3 only) approved on 02/25/09. Form HL-21320(AR) will replace Form HL-20322(AR) which is currently being issued with Group Annuity Contract Form HL-20329 which was approved by your department on 06/09/09.

Forms HL-21319(AR) and HL-21320(AR) are newly created application forms which have been simplified for ease of

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filling out by the contract owner/agreement owner. These forms have been filled out in John Doe fashion to accurately reflect how the application will be filled out by the contract owner/agreement owner/agent.

Should you have any questions, 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
Compliance/Sr. Contract Consultant
Annuity State Filing
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

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50.00 per form (2) forms=\$100.00.
Per Company: No

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| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Hartford Life Insurance Company | \$100.00 | 12/17/2010 | 43061638 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 01/05/2011 | 01/05/2011 |

SERFF Tracking Number: *HARL-126953224* *State:* *Arkansas*
Filing Company: *Hartford Life Insurance Company* *State Tracking Number:* *47547*
Company Tracking Number: *IPD HL-21319(AR)*
TOI: *A03G Group Annuities - Deferred Variable* *Sub-TOI:* *A03G.002 Flexible Premium*
Product Name: *Group Annuity Applications*
Project Name/Number: *Group Annuity Applications/HL-21319(AR)*

Disposition

Disposition Date: 01/05/2011

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 | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Form | Group Annuity Application | | Yes |
| Form | Group Annuity Application | | Yes |

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Form Schedule

Lead Form Number: HL-21319(AR)

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|--|---------|----------------------|-------------|---|
| | HL-21319(AR) | Application/ Group Annuity Enrollment Form | Initial | | 0.000 | HL-21319_AR_Application for GVA _Av1.CB_ John Doe.pdf |
| | HL-21320(AR) | Application/ Group Annuity Enrollment Form | Initial | | 0.000 | HL-21320_AR_Application for GVFA _Av_ John Doe.pdf |



Application for Group Variable Annuity Contract

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

**Application is hereby made for a Group Variable Annuity Contract (the "Contract"):

The B. Wood Company

AR

Application-Contract Owner (name of Plan, or, if non-trusteed, name of Employer)

State of Domicile

It is understood that all payments and values provided by the Contract are the exclusive property of the Application-Contract 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.

Application signed at:

Little Rock

AR

January 1, 2011

City

State

Date

John Doe

Kay Doe

Print Name of Agent/Broker

Print Name of Trustee or Authorized Officer

John Doe

Kay Doe

Signature of Agent/Broker

Signature of Trustee or Authorized Officer

President

Title of Trustee or Authorized Officer

***This Application must generally be completed by the Plan's Trustee. Please note that, if the Trustee for the Plan is a bank, trust company, or other entity with trust powers, that Trustee, and not the Plan Sponsor or other plan representative, must complete the Trustee name, signature and title lines above.*



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"):

The B. Wood Company

AR

Application-Agreement Owner (name of Plan, or, if non-trusteed, name of Employer)

State of Domicile

It is understood that all payments and values provided by the Agreement are the exclusive property of the Application-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.

Application signed at:

Little Rock

AR

January 1, 2011

City

State

Date

John Doe

Kay Doe

Print Name of Agent/Broker

Print Name of Trustee or Authorized Officer

John Doe

Kay Doe

Signature of Agent/Broker

Signature of Trustee or Authorized Officer

President

Title of Trustee or Authorized Officer

***This Application must generally be completed by the Plan's Trustee. Please note that, if the Trustee for the Plan is a bank, trust company, or other entity with trust powers, that Trustee, and not the Plan Sponsor or other plan representative, must complete the Trustee name, signature and title lines above.*