

SERFF Tracking Number: FRCS-127617190 State: Arkansas  
Filing Company: Hartford Life Insurance Company State Tracking Number: 49766  
Company Tracking Number: 5618.1  
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium  
Product Name: Wells Fargo HPRM3-W-11  
Project Name/Number: HARTFORD/65.1/65.1

## Filing at a Glance

Company: Hartford Life Insurance Company

Product Name: Wells Fargo HPRM3-W-11

TOI: A03I Individual Annuities - Deferred Variable

Sub-TOI: A03I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: FRCS-127617190 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 49766

Co Tr Num: 5618.1

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Exselsa Cartwright

Disposition Date: 09/16/2011

Date Submitted: 09/12/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: HARTFORD/65.1

Project Number: 65.1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Exselsa Cartwright

Filing Description:

We have been retained by Hartford Life Insurance Company to file the enclosed forms for approval in your state.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on or about this same date.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/16/2011

State Status Changed: 09/16/2011

Created By: Exselsa Cartwright

Corresponding Filing Tracking Number:

Our fee of \$100 was sent via EFT on this same date.

Attached are the captioned Individual Variable Annuity policy forms for your review and approval. These forms are new and do not replace any previously approved forms. These new forms which are described below will be used with the Company's individual Variable Annuity Contract HL-VA03 that was approved by your state on 02/20/2003, and related approved forms.

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Please note that except for the form numbers and Company reference, these forms are identical to the forms that we are submitting concurrently via a separate filing for the Hartford Life and Annuity Insurance Company. We suggest that you review the two submissions together.

Contract Specifications: SP-SBSHARE-11.1 This form is an alternate Contract Specifications for use with the Company's individual Variable Annuity Contract referenced above. While these new specifications pages are very similar to the recently approved versions, the key difference is that they have been updated to reflect revised charges.

Liquidity Rider HL-LQ-11 This form is an optional benefit rider which may be elected for an additional charge that is applied to the Separate Account Sub-Accounts. This rider modifies the Contract to reduce the Contingent Deferred Sales Charge duration and to change the Premium Payment provision as described in the rider.

We have enclosed an Actuarial Memorandum which provides additional information for each of the above policy forms.

The bracketed items are variable and may be modified on a non-discriminatory basis. A Statement of Variables describing the bracketing parameters has been enclosed for each form.

These forms will be used for both qualified and non-qualified markets and will be sold by professional, licensed agents in connection with retirement planning.

Since these forms will be used with SEC registered product(s), the Company believes the forms are exempt from the language simplification requirements of your state. Unless otherwise informed, the Company reserves the right to alter the layout, format, color and typeface of these forms.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Exselsa Cartwright, Senior Compliance Specialist  
1020 Central Suite 201  
Kansas City, MO 64105  
exselsa.cartwright@firstconsulting.com  
800-927-2730 [Phone] 2757 [Ext]  
816-391-2755 [FAX]

### Filing Company Information

*SERFF Tracking Number:* FRCS-127617190      *State:* Arkansas  
*Filing Company:* Hartford Life Insurance Company      *State Tracking Number:* 49766  
*Company Tracking Number:* 5618.1  
*TOI:* A031 Individual Annuities - Deferred Variable      *Sub-TOI:* A031.002 Flexible Premium  
*Product Name:* Wells Fargo HPRM3-W-11  
*Project Name/Number:* HARTFORD/65.1/65.1

(This filing was made by a third party - FC01)

Hartford Life Insurance Company	CoCode: 88072	State of Domicile: Connecticut
200 Hopmeadow	Group Code: 91	Company Type:
Simsbury, CT 06074	Group Name: Hartford Life Group	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0974148	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	AR fee of \$50 per form (2) = \$100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life Insurance Company	\$100.00	09/12/2011	51501063

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Project Name/Number: HARTFORD/65.1/65.1

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2011	09/16/2011

*SERFF Tracking Number:*      *FRCS-127617190*                      *State:*                      *Arkansas*  
*Filing Company:*              *Hartford Life Insurance Company*              *State Tracking Number:*      *49766*  
*Company Tracking Number:*      *5618.1*  
*TOI:*                      *A031 Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A031.002 Flexible Premium*  
*Product Name:*              *Wells Fargo HPRM3-W-11*  
*Project Name/Number:*      *HARTFORD/65.1/65.1*

## **Disposition**

Disposition Date: 09/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-127617190* State: *Arkansas*  
 Filing Company: *Hartford Life Insurance Company* State Tracking Number: *49766*  
 Company Tracking Number: *5618.1*  
 TOI: *A031 Individual Annuities - Deferred Variable* Sub-TOI: *A031.002 Flexible Premium*  
 Product Name: *Wells Fargo HPRM3-W-11*  
 Project Name/Number: *HARTFORD/65.1/65.1*

<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		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Third Party Authorization		Yes
<b>Supporting Document</b>	Statement of Variables		Yes
<b>Form</b>	Contract Specifications		Yes
<b>Form</b>	Liquidity Rider		Yes

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## Form Schedule

### Lead Form Number: SP-SBSHARE-11.1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SP-SBSHARE-11.1	Certificate	Contract Specifications	Initial		0.000	SP-SBSHARE-11.1.pdf
	HL-LQ-11	Policy/Contract	Liquidity Rider	Initial		0.000	HL-LQ-11 (Liquidity).pdf

## CONTRACT SPECIFICATIONS

CONTRACT NUMBER	[ SPECIMEN ]	CONTRACT ISSUE DATE	[SEPTEMBER 14, 2011 ]
NAME OF ANNUITANT	[ JAMES SCOTT ]	ANNUITY COMMENCEMENT DATE	[ JANUARY 1, 2041 ]
ANNUITANT AGE	[ 35 ]	INITIAL PREMIUM PAYMENT	[ \$2,000 ]
ANNUITANT GENDER	[ MALE ]	MINIMUM SUBSEQUENT PAYMENT	[ \$500 ]
CONTINGENT ANNUITANT	[ PAUL SCOTT ]		
DESIGNATED BENEFICIARY	[ ANN SCOTT ]		
CONTRACT OWNER	[ JAMES SCOTT ]		

## DESCRIPTION OF BENEFITS

### INDIVIDUAL FLEXIBLE PREMIUM VARIABLE ANNUITY CONTRACT

**SEPARATE ACCOUNT:** [ HARTFORD LIFE INSURANCE COMPANY - SEPARATE ACCOUNT SEVEN ]

**MORTALITY AND EXPENSE RISK CHARGE:** [1.35%] PER ANNUM OF THE DAILY SUB-ACCOUNTS VALUE.

**ADMINISTRATION CHARGE:** [0.25%] PER ANNUM OF THE DAILY SUB-ACCOUNTS VALUE.

**ANNUAL MAINTENANCE FEE:** \$0 IF THE CONTRACT VALUE IS \$50,000 OR MORE ON THE CONTRACT ANNIVERSARY. \$[50] IF THE CONTRACT VALUE IS LESS THAN \$50,000 ON THE CONTRACT ANNIVERSARY AND WHEN THE CONTRACT IS FULLY SURRENDERED.

**PREMIUM BASED CHARGE:** WE WILL APPLY AN ANNUAL PREMIUM BASED CHARGE AGAINST EACH PREMIUM PAYMENT MADE TO THIS CONTRACT. AN ANNUAL PREMIUM BASED CHARGE OF [1.50%] WILL BE DEDUCTED FROM THE CONTRACT VALUE ON THE CONTRACT ANNIVERSARY BASED ON REMAINING GROSS PREMIUMS. A PROPORTIONATE AMOUNT OF THE PREMIUM BASED CHARGE WILL BE DEDUCTED FOR ANY PORTION OF PREMIUM PAYMENT THAT IS SUBJECT TO THE CHARGE, BUT IS NOT HELD UNDER THE CONTRACT FOR THE FULL APPLICABLE CONTRACT YEAR.

**MINIMUM AMOUNT RULE:** THE MINIMUM AMOUNT RULE OF THE "PARTIAL SURRENDERS PRIOR TO THE ANNUITY COMMENCEMENT DATE" SECTION OF THE CONTRACT PROVIDES THAT A MINIMUM CONTRACT VALUE MUST BE MAINTAINED IN THE CONTRACT. AS OF THE CONTRACT ISSUE DATE, THE MINIMUM CONTRACT VALUE EQUALS [\$2,000]. WE RESERVE THE RIGHT TO INCREASE THE MINIMUM CONTRACT VALUE AT OUR DISCRETION, BUT IN NO EVENT WILL IT EXCEED \$10,000.

**CONTRACT SPECIFICATIONS**

**ANNUAL WITHDRAWAL AMOUNT (AWA):** THE AMOUNT THAT CAN BE WITHDRAWN IN ANY CONTRACT YEAR WITHOUT INCURRING A CONTINGENT DEFERRED SALES CHARGE (CDSC). THIS EQUALS 100% OF REMAINING GROSS PREMIUMS MADE MORE THAN [7] YEAR(S) AGO PLUS THE GREATER OF (A) OR (B) WHERE:

(A) = CONTRACT VALUE AS OF THE WITHDRAWAL DATE MINUS REMAINING GROSS PREMIUMS.

(B) = [5%] OF PREMIUM PAYMENTS MADE DURING EACH OF THE LAST [7] YEAR(S) PRIOR TO WITHDRAWAL PER CONTRACT YEAR ON A NONCUMULATIVE BASIS.

**AWA FORMULA:**

AWA = REMAINING GROSS PREMIUMS NO LONGER SUBJECT TO CDSC + MAXIMUM (EARNINGS, [5%] OF PREMIUM PAYMENTS STILL SUBJECT TO CDSC) WHERE:

- REMAINING GROSS PREMIUMS (RGP) = TOTAL PREMIUM PAYMENTS – CUMULATIVE PRIOR WITHDRAWALS SUBJECT TO CDSC AT THE TIME OF WITHDRAWAL; AND
- EARNINGS = MAXIMUM (CONTRACT VALUE – RGP, 0).

**CONTINGENT DEFERRED SALES CHARGE (CDSC):** WE MAY ASSESS A CDSC WHEN YOU REQUEST A FULL OR PARTIAL SURRENDER. THE CDSC IS BASED ON THE AMOUNT YOU CHOOSE TO SURRENDER AND HOW LONG YOUR PREMIUM PAYMENTS HAVE BEEN IN THE CONTRACT. EACH PREMIUM PAYMENT HAS ITS OWN CDSC SCHEDULE. PREMIUM PAYMENTS ARE SURRENDERED IN THE ORDER IN WHICH THEY ARE RECEIVED. AMOUNTS WITHDRAWN IN EXCESS OF THE AWA ARE SUBJECT TO CDSC. THE AMOUNT ASSESSED A CDSC WILL NOT EXCEED YOUR REMAINING GROSS PREMIUMS AS DEFINED ABOVE. NO CDSC WILL BE ASSESSED IF ONLY THE AWA IS TAKEN, OR ELIGIBILITY REQUIREMENTS ARE MET FOR THE WAIVER OF THE CDSC.

FOR ANY SURRENDER, THE AMOUNT SUBJECT TO CDSC WILL BE CALCULATED AT THE TIME OF WITHDRAWAL BY DIVIDING (A) BY (B) MULTIPLIED BY (C) WHERE:

(A) = THE GROSS WITHDRAWAL AMOUNT MINUS THE AWA

(B) = THE CONTRACT VALUE MINUS THE AWA

(C) = THE RGP SUBJECT TO CDSC

THE PERCENTAGES USED TO CALCULATE THE CDSC ARE EQUAL TO:

<b>CHARGE</b>	<b>NUMBER OF YEARS FROM EACH PREMIUM PAYMENT</b>
[ 7%	1
7%	2
7%	3
6%	4
5%	5
4%	6
3%	7
0%	8 ] AND THEREAFTER



Hartford Life Insurance Company  
200 Hopmeadow Street  
Simsbury, CT 06089

### LIQUIDITY RIDER

This rider is issued as part of the Contract to which it is attached, and is effective on the Rider Effective Date. Except where this rider provides otherwise, it is subject to all of the conditions and limitations of the Contract. This rider has no cash surrender value. This rider, for an additional fee, modifies the Contract to reduce the duration of Your Contingent Deferred Sales Charge as described below:

1. The **ANNUAL WITHDRAWAL AMOUNT (AWA)** section of the Contract Specifications is modified by replacing all references to "[7] Years" with "[4] Years".

2. The **CONTINGENT DEFERRED SALES CHARGE (CDSC)** section of the Contract Specifications is modified by reducing the CDSC duration associated with each Premium Payment to [4] years, after which the percentage used to calculate the CDSC will be 0.00%. Prior to the [fourth] anniversary of each Premium Payment, the percentage used to calculate a CDSC is equal to the percentage described in the Contract Specifications.

3. The second paragraph of the **Premium Payments** subsection of the Contract is replaced with the following:

The initial Premium Payment is shown on Page 3. This is a flexible premium annuity. We may accept additional payments until the first Contract Anniversary, upon which additional payments will no longer be accepted. The additional payments must be at least equal to the minimum subsequent Premium Payment shown on Page 3. Our approval is required for any Premium Payment if the aggregate of all Premium Payments received from You under all deferred variable annuity contracts issued by Us or Our affiliates then equals or exceeds \$1,000,000.

4. **Rider Charge:** The charge for this rider is included in the Net Investment Factor for each of the Sub-Accounts as an optional Rider Charge. During the first [4] Contract Years it is an annual charge of [0.25] % that is deducted daily from the value of the Sub-Accounts. Upon the [fourth] Contract Anniversary the annual charge becomes 0.00%.

Signed for **Hartford Life Insurance Company**

[

David N. Levenson, *President*

Terence Shields, *Corporate Secretary*

]

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR REG19 COC.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application <b>Comments:</b> Not Applicable		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo <b>Comments:</b> <b>Attachment:</b> HPRM3 SELECT B SHARE - ACTUARIAL MEMO.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization <b>Comments:</b> <b>Attachment:</b> Authorization Signed_HL.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variables <b>Comments:</b> <b>Attachments:</b>		

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*Project Name/Number:* HARTFORD/65.1/65.1  
SP-SBSHARE-11 SOV.pdf  
HL-LQ-11 SOV.pdf

**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Hartford Life Insurance Company

**Form Title(s):** Contract Specifications, Liquidity Rider

**Form Number(s):** SP-SBSHARE-11.1, HL-LQ-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

  
\_\_\_\_\_  
Michael McCauley  
Assistant Vice President

September 12, 2011  
\_\_\_\_\_  
Date

June 20, 2011



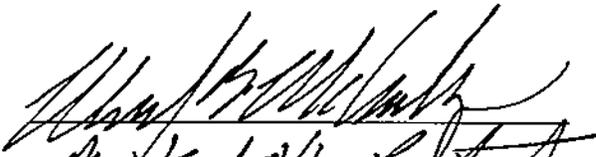
To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department pursuant to written agreements between Hartford Life Insurance Company and First Consulting & Administration, Inc.

This Authorization shall be valid until revoked by us.

**Hartford Life Insurance Company**

By:   
Title: Assistant Vice President

**STATEMENT OF VARIABLES**

**Hartford Life Insurance Company  
Individual Flexible Premium Variable Annuity Contract Specifications  
Form Number: SP-SBSHARE-11.1  
August 31, 2011**

The bracketed items are variable and may be modified on a non-discriminatory basis. The following information describes the usage and possible future modifications to the bracketed variable material of the captioned policy form.

<b>PAGE NUMBER</b>	<b>VARIABLE ITEM</b>	<b>DESCRIPTION</b>
3	MINIMUM SUBSEQUENT PAYMENT [\$500]	For new issues we may change the bracketed amount that is currently displayed to another amount ranging from \$50 - \$1000.
3	<b>SEPARATE ACCOUNT:</b> [SEPARATE ACCOUNT SEVEN]	For new issues, we may change the bracketed name that is currently displayed to show the name of another valid Separate Account of Our Company.
3	<b>MORTALITY AND EXPENSE RISK CHARGE:</b> [0.55%] PER ANNUM OF THE DAILY SUB-ACCOUNTS VALUE.	For new issues, we may change the bracketed amount displayed to another amount ranging from 0.00% to 1.35%.
3	<b>ADMINISTRATION CHARGE:</b> [0.20%] PER ANNUM OF THE DAILY SUB-ACCOUNTS VALUE.	For new issues, we may change the amount displayed to another amount ranging from 0.00% to 0.25%.
3	<b>ANNUAL MAINTENANCE FEE:</b> \$0 IF THE CONTRACT VALUE IS \$50,000 OR MORE ON THE CONTRACT ANNIVERSARY. \$[50] IF THE CONTRACT VALUE IS LESS THAN \$50,000 ON THE CONTRACT ANNIVERSARY AND WHEN THE CONTRACT IS FULLY SURRENDERED	For new issues, we may change the bracketed amount displayed to another amount ranging from \$0 - \$50.

3	<p><b>PREMIUM BASED CHARGE:</b> WE WILL APPLY AN ANNUAL PREMIUM BASED CHARGE AGAINST EACH PREMIUM PAYMENT MADE TO THIS CONTRACT. AN ANNUAL PREMIUM BASED CHARGE OF [1.50%] WILL BE DEDUCTED FROM THE CONTRACT VALUE ON THE CONTRACT ANNIVERSARY BASED ON REMAINING GROSS PREMIUMS. A PROPORTIONATE AMOUNT OF THE PREMIUM BASED CHARGE WILL BE DEDUCTED FOR ANY PORTION OF PREMIUM PAYMENT THAT IS SUBJECT TO THE CHARGE, BUT IS NOT HELD UNDER THE CONTRACT FOR THE FULL APPLICABLE CONTRACT YEAR.</p>	For new issues, we may change the bracketed amount displayed to another amount ranging from 0.0% - 1.50%.
3	<p><b>MINIMUM AMOUNT RULE:</b> THE MINIMUM AMOUNT RULE OF THE "PARTIAL SURRENDERS PRIOR TO THE ANNUITY COMMENCEMENT DATE" SECTION OF THE CONTRACT PROVIDES THAT A MINIMUM CONTRACT VALUE MUST BE MAINTAINED IN THE CONTRACT. AS OF THE CONTRACT ISSUE DATE, THE MINIMUM CONTRACT VALUE EQUALS [\$2,000]. WE RESERVE THE RIGHT TO INCREASE THE MINIMUM CONTRACT VALUE AT OUR DISCRETION, BUT IN NO EVENT WILL IT EXCEED \$10,000.</p>	For all issues, We may change the bracketed amount displayed to another amount ranging from \$2,000 - \$10,000.
3A	<p><b>ANNUAL WITHDRAWAL AMOUNT (AWA):</b> THE AMOUNT THAT CAN BE WITHDRAWN IN ANY CONTRACT YEAR WITHOUT INCURRING A CONTINGENT DEFERRED SALES CHARGE (CDSC). THIS EQUALS 100% OF REMAINING GROSS PREMIUMS MADE MORE THAN [7] YEAR(S) AGO PLUS THE GREATER OF (A) OR (B) WHERE:</p> <p>(A) = CONTRACT VALUE AS OF THE WITHDRAWAL DATE MINUS REMAINING GROSS PREMIUMS.</p> <p>(B) = [5%] OF PREMIUM PAYMENTS MADE DURING EACH OF THE LAST [7] YEAR(S) PRIOR TO WITHDRAWAL PER CONTRACT YEAR ON A NONCUMULATIVE BASIS.</p> <p><b>AWA FORMULA:</b> AWA = REMAINING GROSS PREMIUMS NO LONGER SUBJECT TO CDSC + MAXIMUM (EARNINGS, [5%] OF PREMIUM PAYMENTS STILL SUBJECT TO CDSC) WHERE:</p> <ul style="list-style-type: none"> <li>• REMAINING GROSS PREMIUMS (RGP) = TOTAL PREMIUM PAYMENTS – CUMULATIVE PRIOR WITHDRAWALS SUBJECT TO CDSC AT THE TIME OF WITHDRAWAL; AND</li> <li>• EARNINGS = MAXIMUM (CONTRACT VALUE – RGP, 0).</li> </ul>	<p>For new issues, we may change the bracketed number of contract years that is currently displayed to other years ranging from 0 – 8.</p> <p>For new issues, we may change the bracketed percentage that is currently displayed to another percentage ranging from 0 – 10%. However, for Charitable Remainder Trust business we may increase the percentage to 20%.</p>

3A

**CONTINGENT DEFERRED SALES CHARGE (CDSC):** WE MAY ASSESS A CDSC WHEN YOU REQUEST A FULL OR PARTIAL SURRENDER. THE CDSC IS BASED ON THE AMOUNT YOU CHOOSE TO SURRENDER AND HOW LONG YOUR PREMIUM PAYMENTS HAVE BEEN IN THE CONTRACT. EACH PREMIUM PAYMENT HAS ITS OWN CDSC SCHEDULE. PREMIUM PAYMENTS ARE SURRENDERED IN THE ORDER IN WHICH THEY ARE RECEIVED. AMOUNTS WITHDRAWN IN EXCESS OF THE AWA ARE SUBJECT TO CDSC. THE AMOUNT ASSESSED A CDSC WILL NOT EXCEED YOUR REMAINING GROSS PREMIUMS AS DEFINED ABOVE. NO CDSC WILL BE ASSESSED IF ONLY THE AWA IS TAKEN, OR ELIGIBILITY REQUIREMENTS ARE MET FOR THE WAIVER OF THE CDSC.

FOR ANY SURRENDER, THE AMOUNT SUBJECT TO CDSC WILL BE CALCULATED AT THE TIME OF WITHDRAWAL BY DIVIDING (A) BY (B) MULTIPLIED BY (C) WHERE:

(A) = THE GROSS WITHDRAWAL AMOUNT MINUS THE AWA

(B) = THE CONTRACT VALUE MINUS THE AWA

(C) = THE RGP SUBJECT TO CDSC

THE PERCENTAGES USED TO CALCULATE THE CDSC ARE EQUAL TO:

CHARGE	EACH PREMIUM PAYMENT
[ 7%	1
7%	2
7%	3
6%	4
5%	5
4%	6
3%	7
0%	8 ] AND THEREAFTER

The bracketed Contingent Deferred Sales Charge that is displayed is the maximum charge that we may assess for each of the years shown. For new issues we may change the percentage for any of these years to a lower percentage amount.

**STATEMENT OF VARIABLES**

**Hartford Life Insurance Company  
Individual Flexible Premium Variable Annuity  
Liquidity Rider  
Form Number: HL-LQ-11  
August 31, 2011**

The bracketed items are variable and may be modified on a non-discriminatory basis. The following information describes the usage and possible future modifications to the bracketed variable material of the captioned policy form.

<b>PAGE NUMBER</b>	<b>VARIABLE ITEM</b>	<b>DESCRIPTION</b>
1	<b>ANNUAL WITHDRAWAL AMOUNT:</b>  [7] Years  [4] Years	For new issues, we may change the bracketed number that is currently displayed to other years ranging from  1 - 7  1 - 4.
1	<b>CONTINGENT DEFERRED SALES CHARGE (CDSC):</b>  [4] Years  [Fourth] anniversary	For new issues, we may change the bracketed number that is currently displayed to other years/anniversaries ranging from  1 - 4.  First - Fourth
1	<b>Rider Charge:</b> [4] Contract Years [0.25%]	For new issues, we may change the bracketed number that is currently displayed to other years ranging from  1 - 4.  For new issues, we may change the bracketed amount displayed to another amount ranging from 0.00% to 0.25%.