

SERFF Tracking Number: HARL-127867112 State: Arkansas
Filing Company: Hartford Life and Annuity Insurance Company State Tracking Number:
Company Tracking Number: 1342(3B)REV
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: Flexible Premium Adjustable Life Insurance Policy with an Indexed Linked Interest Crediting Feature Revised Specification Page
for Frontier
Project Name/Number: Frontier IUL Revised Specification Page /1342(3B)Rev

Filing at a Glance

Company: Hartford Life and Annuity Insurance Company

Product Name: Flexible Premium Adjustable SERFF Tr Num: HARL-127867112 State: Arkansas

Life Insurance Policy with an Indexed Linked
Interest Crediting Feature Revised Specification
Page for Frontier

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num:
Adjustable Life Closed

Sub-TOI: L09I.101 External Indexed - Single Co Tr Num: 1342(3B)REV State Status: Approved-Closed
Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Chapman, Roberta Chu, Barbara Warren
Disposition Date: 01/09/2012

Date Submitted: 01/06/2012 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Frontier IUL Revised Specification Page

Project Number: 1342(3B)Rev

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Barbara Warren

Filing Description:

We are submitting the subject forms for your review and approval.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/16/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/09/2012

State Status Changed: 01/09/2012

Created By: Barbara Warren

Corresponding Filing Tracking Number:

The submission consists of a new policy specification page which will be used for new issues of our Flexible Premium

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Adjustable Life Insurance Policy with an Index-Linked Interest Crediting Feature, LA-1342(10), previously approved by the Department on 08/03/2010 under HARL-126685910.

FYI - Please note we are also submitting a similar specification page for new issues of another previously approved Flexible Premium Adjustable Life Insurance Policy with an Optional Index-Linked Interest Crediting Feature. We suggest you review these two submissions together, thank you.

The revised specification Page 3B is for new issues and is distinguished by the suffix 'Rev' in the form number. We are revising the Premium Charge so that it will not be deducted from any premium payments received in the first year. Beginning in policy month 13, we will begin deducting (from the Account Value) the premium charge for those premium payments made in the first year. The charge will be spread out in equal monthly installments over the next 48 months. Since the only expense charges that can be included in the Monthly Deduction Amount according to the policy is a monthly administrative charge and a monthly per \$1,000 charge, we have redefined the monthly per \$1,000 charge in months 13 through 60 to include this premium charge deduction (see specification Page 3A 'Rev' for the calculation). This 'deferral' of the premium charge will generally result in higher liquidity for the Policy Owner in early years and, in some instances, better values over the life of the Policy. We would like to note that we have not changed any other Policy charges.

Variable text is enclosed in brackets and will vary based on issue specific information. Refer to the Statement of Variability for the description of the bracketing parameters. Additionally, changes in printing technology may periodically slightly alter form format. We reserve the right to make such changes without re-filing.

The submission includes an Actuarial Memorandum, and any addendum materials and certifications that may be required by your state.

Your review and approval of this submission is greatly appreciated. Please feel free to contact me with any questions you may have.

Best Regards,

Barbara A. Warren
Contract Analyst, ILD Forms & Rate Filings
Phone: (800) 503-3150 or direct 860-843-6437
Fax: (860) 392-3233
E-Mail: Barbara.warren@hartfordlife.com

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Company and Contact

Filing Contact Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00/form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Hartford Life and Annuity Insurance Company	\$50.00	01/06/2012	55089863

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/09/2012	01/09/2012

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Disposition

Disposition Date: 01/09/2012

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		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Frontier 2012 Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Form	Specification Page		Yes

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Form Schedule

Lead Form Number: 1342(3B)Rev

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1342(3B)Rev	Schedule Pages	Specification Page	Initial		0.000	1342(3B)Rev.pdf

POLICY SPECIFICATIONS

POLICY CHARGES

DEDUCTIONS FROM PREMIUM PAYMENTS

TYPE OF CHARGE

	POLICY YEARS	PERCENT OF PREMIUMS PAID
Maximum Premium Charge:	1	0.00%
	2+	4.00%
Tax Charge:	ALL	PERCENT OF PREMIUMS PAID [1.75%]*

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

MAXIMUM DEDUCTIONS FROM ACCOUNT VALUE

	POLICY YEARS	CHARGE OR PERCENT OF VALUE
Monthly Administrative Charge:	ALL	\$10.00 PER MONTH
Monthly Per \$1,000 Charge Rate*:	1	[0.1843]
	2-5	[0.1843] PLUS THE DEFERRED PREMIUM CHARGE FACTOR**
	6-7	[0.1843]

*THE MONTHLY PER \$1,000 CHARGE WILL EQUAL THE PRODUCT OF THE MONTHLY PER \$1,000 CHARGE RATE MULTIPLIED BY ONE-THOUSANDTH OF THE INITIAL FACE AMOUNT

**THE DEFERRED PREMIUM CHARGE FACTOR EQUALS THE TOTAL PREMIUMS PAID IN POLICY YEAR ONE DIVIDED BY 120% OF THE INITIAL FACE AMOUNT

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Cert Actuarial - Bull 11-83 _Non-guaranteed elements_.pdf
 AR Cert Actuarial - Reg 34 _UL_.pdf
 CONSENT TO SUBMIT RATES _Bulletin 11-83_.pdf
 AR Certification IUL Guidelines.pdf
 AR Cert - Rule 19 _Unfair Discrim_.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: n/a for this specification page submission.

Comments:

Item Status: **Status**
Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: n/a - this is not a health product.

Comments:

Item Status: **Status**
Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: n/a - this is not a health product.

Comments:

Item Status: **Status**

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Date:

Satisfied - Item: Frontier 2012 Actuarial
Memorandum

Comments:

Attachments:

CompleteAR Frontier Feb2012 ActMemo - Base.pdf
AR IUL Curr COI Tier 1,2,3 Band1,2,3 - Base.pdf
AR IUL Curr COI Tier Ratio - Base.pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

CW SOV for Base.pdf

**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.



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

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 LA-1342(10) 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

or

(B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and rate of rates.

Hartford Life and Annuity Insurance Company

By: 

Paul Fischer, FSA, MAAA
AVP & Actuary, ILD Product Development
Title and Position

**CERTIFICATION OF COMPLIANCE
WITH EXTERNAL-INDEXED CONTRACT GUIDELINES”
HARTFORD LIFE AND ANNUITY INSURANCE COMPANY**

I hereby certify that these guidelines have been reviewed and that this submission complies with External Indexed Guidelines.



Lenore Paoli, AVP & Chief Compliance Officer

**ARKANSAS
POLICY FORM CERTIFICATION**

HARTFORD LIFE AND ANNUITY INSURANCE COMPANY

Form Number(s): 1342(3B)Rev
Form Title(s): Specification Pages

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:



Lenore Paoli, AVP and Chief Compliance Officer, IL Compliance

01/05/2012
Date

Hartford Life and Annuity Insurance Company
Statement of Variability for:
Revised Policy Specification Page 3B, Form Number:
1342(3B)Rev

For Individual Flexible Premium Adjustable Life Insurance Policy with an Index-Linked Crediting Feature

Variable Text Denoted by Square Brackets
Date: January 4, 2012

Changes in variable text will be administered by the Company pursuant to the information provided below in a uniform and non-discriminatory manner. Any changes will be based on sound actuarial principles, where applicable. In addition, the following will only be changed upon prior approval:

- Guaranteed maximum expense charges.

In addition to the item listed above, a change or modification to any other item not specifically listed that may affect the derivation and compliance of policy values with any required minimum non forfeiture values shall also be filed for approval prior to use.

Page 3B Policy Specifications

DEDUCTIONS FROM PREMIUM PAYMENTS	
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.
MAXIMUM DEDUCTIONS FROM ACCOUNT VALUE	
Monthly Per \$1,000 Charge Rate	Range: 0.0300 to 5.5000 - will vary based on a combination of the Insured's age, gender (if applicable), underwriting class, death benefit option, and policy duration. Any change to the maximum charge for new issues will be filed for approval prior to use.