

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

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ADV Part 1A, Page 1

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 3.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you.

- A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
HARTFORD INVESTMENT FINANCIAL SERVICES, LLC
- B. Name under which you primarily conduct your advisory business, if different from Item 1.A.
HARTFORD INVESTMENT FINANCIAL SERVICES, LLC
List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.
- C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.), enter the new name and specify whether the name change is of
 your legal name or your primary business name:
- D. If you are registered with the SEC as an investment adviser, your SEC file number: 801- 53584
- E. If you have a number ("CRD Number") assigned by FINRA's CRD system or by the IARD system, your CRD number: 45995
If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.

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Item 1 Identifying Information (Continued)

F. *Principal Office and Place of Business*

(1) Address (do not use a P.O. Box):

Number and Street 1:

Number and Street 2:

200 HOPMEADOW STREET

City:

State:

Country:

ZIP+4/Postal Code:

SIMSBURY

CT

UNITED STATES

06089

If this address is a private residence, check this box:

List on Section 1.F. of Schedule D any office, other than your principal office and place of business, at which you conduct investment advisory business. If you are applying for registration, or are registered, with one or more state securities authorities, you must list all of your offices in the state

or states to which you are applying for registration or with whom you are registered. If you are applying for registration, or are registered only, with the SEC, list the largest five offices in terms of numbers of employees.

(2) Days of week that you normally conduct business at your *principal office and place of business*:

Monday-Friday Other:

Normal business hours at this location:

8:30 A.M. TO 5:00 P.M.

(3) Telephone number at this location:

860-843-4632

(4) Facsimile number at this location:

866-816-4048

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

If this address is a private residence, check this box:

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

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Item 1 Identifying Information (Continued)

	YES	NO
I. Do you have World Wide Web site addresses?	<input type="radio"/>	<input checked="" type="radio"/>
<i>If "yes," list these addresses on Section 1.I. of Schedule D. If a web address serves as a portal through which to access other information you have published on the World Wide Web, you may list the portal without listing addresses for all of the other information. Some advisers may need to list more than one portal address. Do not provide individual electronic mail addresses in response to this Item.</i>		
J. Contact <i>Employee</i> :		
Name:	Title:	
WATKINS, JR., WALTER E.	DIRECTOR, INVESTMENT ADVISER COMPLIANCE	
Telephone Number:	Facsimile Number:	
860-843-4632	866-816-4048	
Number and Street 1:	Number and Street 2:	
SECURITIES COMPLIANCE C1-E	200 HOPMEADOW STREET	
City:	State:	Country:
SIMSBURY	CT	UNITED STATES
		ZIP+4/Postal Code:
		06089
Electronic mail (e-mail) address, if contact <i>employee</i> has one:		

NED.WATKINS@THEHARTFORD.COM

The contact employee should be an employee whom you have authorized to receive information and respond to questions about this Form ADV.

- YES NO**
- K. Do you maintain some or all of the books and records you are required to keep under Section 204 of the Advisers Act, or similar state law, somewhere other than your *principal office and place of business*?
- If "yes," complete Section 1.K. of Schedule D.*

- YES NO**
- L. Are you registered with a *foreign financial regulatory authority*?
- Answer "no" if you are not registered with a foreign financial regulatory authority, even if you have an affiliate that is registered with a foreign financial regulatory authority. If "yes", complete Section 1.L. of Schedule D.*

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Item 2 SEC Registration

Responses to this Item help us (and you) determine whether you are eligible to register with the SEC. Complete this Item 2 only if you are applying for SEC registration or submitting an *annual updating amendment* to your SEC registration.

- A. To register (or remain registered) with the SEC, you must check at least one of the Items 2.A(1) through 2.A(11), below. If you are submitting an *annual updating amendment* to your SEC registration and you are no longer eligible to register with the SEC, check Item 2.A(12). You:

- (1) have *assets under management* of \$25 million (in U.S. dollars) or more;

See Part 1A Instruction 2.a. to determine whether you should check this box.

- (2) have your *principal office and place of business* in Wyoming;

- (3) have your *principal office and place of business* outside the United States;

- (4) are an investment adviser (or sub-adviser) to an investment company registered under the Investment Company Act of 1940;

See Part 1A Instruction 2.b. to determine whether you should check this box.

- (5) have been designated as a nationally recognized statistical rating organization;

See Part 1A Instruction 2.c. to determine whether you should check this box.

- (6) are a pension consultant that qualifies for the exemption in rule 203A-2(b);

See Part 1A Instruction 2.d. to determine whether you should check this box.

- (7) are relying on rule 203A-2(c) because you are an investment adviser that *controls, is controlled*

- by, or is under common *control* with, an investment adviser that is registered with the SEC, and your *principal office and place of business* is the same as the registered adviser;

See Part 1A Instruction 2.e. to determine whether you should check this box. If you check this box, complete Section 2.A(7) of Schedule D.

- (8) are a newly formed adviser relying on rule 203A-2(d) because you expect to be eligible for SEC registration within 120 days;

See Part 1A Instruction 2.f. to determine whether you should check this box. If you check this box, complete Section 2.A(8) of Schedule D.

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Item 2 SEC Registration (Continued)

- (9) are a multi-state adviser relying on rule 203A-2(e);

See Part 1A Instruction 2.g. to determine whether you should check this box. If you check this box, complete Section 2.A(9) of Schedule D.

- (10) are an Internet investment adviser relying on rule 203A-2(f);

See Part 1A Instructions 2.h. to determine whether you should check this box.

- (11) have received an SEC *order* exempting you from the prohibition against registration with the SEC;

If you checked this box, complete Section 2.A(11) of Schedule D.

- (12) are no longer eligible to remain registered with the SEC.

See Part 1A Instructions 2.i. to determine whether you should check this box.

- B. Under state laws, SEC-registered advisers may be required to provide to *state securities authorities* a copy of the Form ADV and any amendments they file with the SEC. These are called *notice filings*. If this is an initial application, check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings you submit to the SEC. If this is an amendment to direct your *notice filings* to additional state(s), check the box(es) next to the state(s) that you would like to receive notice of this and all subsequent filings you submit to the SEC. If this is an amendment to your registration to stop your *notice filings* from going to state(s) that currently receive them, uncheck the box(es) next to those state(s).

AL
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PA
 PR
 RI

<input type="checkbox"/> AR	<input type="checkbox"/> IA	<input type="checkbox"/> NV	<input type="checkbox"/> SC
<input type="checkbox"/> CA	<input type="checkbox"/> KS	<input type="checkbox"/> NH	<input type="checkbox"/> SD
<input type="checkbox"/> CO	<input type="checkbox"/> KY	<input type="checkbox"/> NJ	<input type="checkbox"/> TN
<input checked="" type="checkbox"/> CT	<input type="checkbox"/> LA	<input type="checkbox"/> NM	<input type="checkbox"/> TX
<input type="checkbox"/> DE	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input type="checkbox"/> UT
<input type="checkbox"/> DC	<input type="checkbox"/> MD	<input type="checkbox"/> NC	<input type="checkbox"/> VT
<input type="checkbox"/> FL	<input type="checkbox"/> MA	<input type="checkbox"/> ND	<input type="checkbox"/> VI
<input type="checkbox"/> GA	<input type="checkbox"/> MI	<input type="checkbox"/> OH	<input type="checkbox"/> VA
<input type="checkbox"/> GU	<input type="checkbox"/> MN	<input type="checkbox"/> OK	<input type="checkbox"/> WA
<input type="checkbox"/> HI	<input type="checkbox"/> MS	<input type="checkbox"/> OR	<input type="checkbox"/> WV
			<input type="checkbox"/> WI

If you are amending your registration to stop your notice filings from going to a state that currently receives them and you do not want to pay that state's notice filing fee for the coming year, your amendment must be filed before the end of the year (December 31).

Item 3 Form Of Organization

A. How are you organized?

- Corporation
 Sole Proprietorship
 Limited Liability Partnership (LLP)
 Partnership
 Limited Liability Company (LLC)
 Other (specify):

If you are changing your response to this Item, see Part 1A Instruction 4.

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Item 3 Form Of Organization (Continued)

B. In what month does your fiscal year end each year?

December

C. Under the laws of what state or country are you organized?

State: Country:
 Delaware UNITED STATES

Item 4 Successions

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser? YES NO

YES NO

If "yes," complete Item 4.B. and Section 4 of Schedule D.

B. Date of Succession: (MM/DD/YYYY)

If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See Part 1A Instruction 4.

Item 5 Information About Your Advisory Business

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. Part 1A Instruction 5.a. provides additional guidance to newly-formed advisers for completing this Item 5.

Employees

A. Approximately how many *employees* do you have? Include full and part-time *employees* but do not include any clerical workers.

- 1- 5
 6-10
 11-50
 51-250
 251-500
 501-1,000
 More than 1,000
 If more than 1,000, how many?
 (round to the nearest 1,000)

B.

(1) Approximately how many of these *employees* perform investment advisory functions (including research)?

- 0
 1-5
 6-10
 11-50
 51-250
 251-500
 501-1,000
 More than 1,000
 If more than 1,000, how many?
 (round to the nearest 1,000)

(2) Approximately how many of these *employees* are registered representatives of a broker-dealer?

- 0
 1-5
 6-10
 11-50
 51-250
 251-500
 501-1,000
 More than 1,000
 If more than 1,000, how many?
 (round to the nearest 1,000)

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Items 5.A(1) and 5.B(2). If an employee performs more than one function, you should count that employee in each of your responses to Item 5.B(1) and 5.B(2).

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Item 5 Information About Your Advisory Business (Continued)

(3) Approximately how many firms or other *persons* solicit advisory *clients* on your behalf?

- 0
 1-5
 6-10
 11-50
 51-250
 251-500
 501-1,000
 More than 1,000
 If more than 1,000, how many?
 (round to the nearest 1,000)

In your response to Item 5.B(3), do not count any of your employees and count a firm only once -- do not count each of the firm's employees that solicit on your behalf.

Clients

C. To approximately how many *clients* did you provide investment advisory services during your most-recently

completed fiscal year?

- 0
 1-10
 11-25
 26-100
 101-250
 251-500
 More than 500
 If more than 500, how many?
 (round to the nearest 500)

D. What types of *clients* do you have? Indicate the approximate percentage that each type of *client* comprises of your total number of *clients*.

	None	Up to 10%	11-25%	26-50%	51-75%	More Than 75%
(1) Individuals (other than <i>high net worth individuals</i>)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) <i>High net worth individuals</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Banking or thrift institutions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Investment companies (including mutual funds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
(5) Pension and profit sharing plans (other than plan participants)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Other pooled investment vehicles (e.g., hedge funds)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Charitable organizations	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(8) Corporations or other businesses not listed above	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(9) State or municipal <i>government entities</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(10) Other:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The category "individuals" includes trusts, estates, 401(k) plans and IRAs of individuals and their family members, but does not include businesses organized as sole proprietorships.

Unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940, check "None" in response to Item 5.D(4).

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Item 5 Information About Your Advisory Business (Continued)

Compensation Arrangements

E. You are compensated for your investment advisory services by (check all that apply):

- (1) A percentage of assets under your management
- (2) Hourly charges
- (3) Subscription fees (for a newsletter or periodical)
- (4) Fixed fees (other than subscription fees)
- (5) Commissions
- (6) *Performance-based fees*
- (7) Other (specify):

Assets Under Management

YES NO

F. (1) Do you provide continuous and regular supervisory or management services to securities portfolios?

(2) If yes, what is the amount of your assets under management and total number of accounts?

	U.S. Dollar Amount	Total Number of Accounts
Discretionary:	(a) \$ 35990324135 .00	(d) 62
Non-Discretionary:	(b) \$ 0 .00	(e) 0
Total:	(c) \$ 35990324135 .00	(f) 62

Part 1A Instruction 5.b. explains how to calculate your assets under management. You must follow these instructions carefully when completing this Item.

Advisory Activities

G. What type(s) of advisory services do you provide? Check all that apply.

- (1) Financial planning services
- (2) Portfolio management for individuals and/or small businesses
- (3) Portfolio management for investment companies
- (4) Portfolio management for businesses or institutional *clients* (other than investment companies)
- (5) Pension consulting services
- (6) Selection of other advisers
- (7) Publication of periodicals or newsletters
- (8) Security ratings or pricing services
- (9) Market timing services
- (10) Other (specify):

Do not check Item 5.G(3) unless you provide advisory services pursuant to an investment advisory contract to an investment company registered under the Investment Company Act of 1940.

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Item 5 Information About Your Advisory Business (Continued)

H. If you provide financial planning services, to how many *clients* did you provide these services during your last fiscal year?

- 0 1-10 11-25 26-50 51-100
- 101-250 251-500 More than 500 If more than 500, how many?
(round to the nearest 500)

I. If you participate in a *wrap fee program*, do you (check all that apply):

- (1) *sponsor* the *wrap fee program* ?
- (2) act as a portfolio manager for the *wrap fee program*?

If you are a portfolio manager for a wrap fee program, list the names of the programs and their sponsors in Section 5.1(2) of Schedule D.

If your involvement in a wrap fee program is limited to recommending wrap fee programs to your clients, or you advise a mutual fund that is offered through a wrap fee program, do not check either Item 5.1(1) or 5.1(2).

Item 6 Other Business Activities

In this Item, we request information about your other business activities.

A. You are actively engaged in business as a (check all that apply):

- (1) Broker-dealer
- (2) Registered representative of a broker-dealer
- (3) Futures commission merchant, commodity pool operator, or commodity trading advisor
- (4) Real estate broker, dealer, or agent
- (5) Insurance broker or agent
- (6) Bank (including a separately identifiable department or division of a bank)
- (7) Other financial product salesperson (specify):

YES NO

B. (1) Are you actively engaged in any other business not listed in Item 6.A. (other than giving investment advice)?

YES NO

(2) If yes, is this other business your primary business?

YES NO

If "yes," describe this other business on Section 6.B. of Schedule D.

YES NO

(3) Do you sell products or provide services other than investment advice to your advisory clients?

YES NO

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Item 7 Financial Industry Affiliations

In this Item, we request information about your financial industry affiliations and activities. This information identifies areas in which conflicts of interest may occur between you and your *clients*.

Item 7 requires you to provide information about you and your *related persons*. Your *related persons* are all of your *advisory affiliates* and any *person* that is under common *control* with you.

A. You have a *related person* that is a (check all that apply):

- (1) broker-dealer, municipal securities dealer, or government securities broker or dealer
- (2) investment company (including mutual funds)
- (3) other investment adviser (including financial planners)
- (4) futures commission merchant, commodity pool operator, or commodity trading advisor
- (5) banking or thrift institution
- (6) accountant or accounting firm
- (7) lawyer or law firm

- (8) insurance company or agency
- (9) pension consultant
- (10) real estate broker or dealer
- (11) sponsor or syndicator of limited partnerships

If you checked Item 7.A(3), you must list on Section 7.A. of Schedule D all your related persons that are investment advisers. If you checked Item 7.A(1), you may elect to list on Section 7.A. of Schedule D all your related persons that are broker-dealers. If you choose to list a related broker-dealer, the IARD will accept a single Form U-4 to register an investment adviser representative who also is a broker-dealer agent ("registered rep") of that related broker-dealer.

YES NO

- B. Are you or any *related person* a general partner in an *investment-related* limited partnership or manager of an *investment-related* limited liability company, or do you advise any other "private fund" as defined under SEC rule 203(b)(3)-1?

If "yes," for each limited partnership or limited liability company, or (if applicable) private fund, complete Section 7.B. of Schedule D. If, however, you are an SEC-registered adviser and you have related persons that are SEC-registered advisers who are the general partners of limited partnerships or the managers of limited liability companies, you do not have to complete Section 7.B. of Schedule D with respect to those related advisers' limited partnerships or limited liability companies.

To use this alternative procedure, you must state in the Miscellaneous Section of Schedule D: (1) that you have related SEC-registered investment advisers that manage limited partnerships or limited liability companies that are not listed in Section 7.B. of your Schedule D; (2) that complete and accurate information about those limited partnerships or limited liability companies is available in Section 7.B. of Schedule D of the Form ADVs of your related SEC-registered advisers; and (3) whether your clients are solicited to invest in any of those limited partnerships or limited liability companies.

Item 8 Participation or Interest in *Client* Transactions

In this Item, we request information about your participation and interest in your *clients'* transactions. Like Item 7, this information identifies areas in which conflicts of interest may occur between you and your *clients*.

Like Item 7, Item 8 requires you to provide information about you and your *related persons*.

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Item 8 Participation or Interest in *Client* Transactions (Continued)

Proprietary Interest in *Client* Transactions

- A. Do you or any *related person*: Yes No
- (1) buy securities for yourself from advisory *clients*, or sell securities you own to advisory *clients* (principal transactions)?

- (2) buy or sell for yourself securities (other than shares of mutual funds) that you also recommend to advisory *clients*?
- (3) recommend securities (or other investment products) to advisory *clients* in which you or any *related person* has some other proprietary (ownership) interest (other than those mentioned in Items 8.A(1) or (2))?

Sales Interest in *Client* Transactions

- B. Do you or any *related person*:
- | | Yes | No |
|--|----------------------------------|----------------------------------|
| (1) as a broker-dealer or registered representative of a broker-dealer, execute securities trades for brokerage customers in which advisory <i>client</i> securities are sold to or bought from the brokerage customer (agency cross transactions)? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) recommend purchase of securities to advisory <i>clients</i> for which you or any <i>related person</i> serves as underwriter, general or managing partner, or purchaser representative? | <input checked="" type="radio"/> | <input type="radio"/> |
| (3) recommend purchase or sale of securities to advisory <i>clients</i> for which you or any <i>related person</i> has any other sales interest (other than the receipt of sales commissions as a broker or registered representative of a broker-dealer)? | <input checked="" type="radio"/> | <input type="radio"/> |

Investment or Brokerage Discretion

- C. Do you or any *related person* have *discretionary authority* to determine the:
- | | Yes | No |
|--|----------------------------------|-----------------------|
| (1) securities to be bought or sold for a <i>client's</i> account? | <input checked="" type="radio"/> | <input type="radio"/> |
| (2) amount of securities to be bought or sold for a <i>client's</i> account? | <input checked="" type="radio"/> | <input type="radio"/> |
| (3) broker or dealer to be used for a purchase or sale of securities for a <i>client's</i> account? | <input checked="" type="radio"/> | <input type="radio"/> |
| (4) commission rates to be paid to a broker or dealer for a <i>client's</i> securities transactions? | <input checked="" type="radio"/> | <input type="radio"/> |

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Item 8 Participation or Interest in *Client* Transactions (Continued)

- D. Do you or any *related person* recommend brokers or dealers to *clients*?
- E. Do you or any *related person* receive research or other products or services other than execution from a broker-dealer or a third party in connection with *client* securities transactions?
- F. Do you or any *related person*, directly or indirectly, compensate any *person* for *client* referrals?

In responding to this Item 8.F., consider in your response all cash and non-cash compensation that you or a related person gave any person in exchange for client referrals, including any bonus that is based, at least in part, on the number or amount of client referrals.

Item 9 Custody

In this Item, we ask you whether you or a *related person* has *custody* of *client* assets. If you are registering or registered with the SEC and you deduct your advisory fees directly from your *clients'* accounts but you do not otherwise have *custody* of your *clients'* funds or securities, you may answer "no" to Item 9A.(1) and 9A.(2).

- A. Do you have *custody* of any advisory *clients'*:
- | | Yes | No |
|----------------------------|-----------------------|----------------------------------|
| (1) cash or bank accounts? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) securities? | <input type="radio"/> | <input checked="" type="radio"/> |
- B. Do any of your *related persons* have *custody* of any of your advisory *clients'*:

- (1) cash or bank accounts?
- (2) securities?
- C. If you answered "yes" to either Item 9.B(1) or 9.B(2), is that *related person* a broker-dealer registered under Section 15 of the Securities Exchange Act of 1934?

Item 10 Control Persons

In this Item, we ask you to identify every *person* that, directly or indirectly, *controls* you.

If you are submitting an initial application, you must complete Schedule A and Schedule B. Schedule A asks for information about your direct owners and executive officers. Schedule B asks for information about your indirect owners. If this is an amendment and you are updating information you reported on either Schedule A or Schedule B (or both) that you filed with your initial application, you must complete Schedule C.

Does any *person* not named in Item 1.A. or Schedules A, B, or C, directly or indirectly, *control* your management or policies? YES NO

If yes, complete Section 10 of Schedule D.

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

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Item 11 Disclosure Information

In this Item, we ask for information about your disciplinary history and the disciplinary history of all your *advisory affiliates*. We use this information to determine whether to grant your application for registration, to decide whether to revoke your registration or to place limitations on your activities as an investment adviser, and to identify potential problem areas to focus on during our on-site examinations. One event may result in "yes" answers to more than one of the questions below.

Your *advisory affiliates* are: (1) all of your current *employees* (other than *employees* performing only clerical, administrative, support or similar functions); (2) all of your officers, partners, or directors (or any *person* performing similar functions); and (3) all *persons* directly or indirectly *controlling* you or *controlled* by you. If you are a "separately identifiable department or division" (SID) of a bank, see the Glossary of Terms to determine who your *advisory affiliates* are.

If you are registered or registering with the SEC, you may limit your disclosure of any event listed in Item 11 to ten years following the date of the event. If you are registered or registering with a state, you must respond to the questions as posed; you may, therefore, limit your disclosure to ten years following the date of an event only in responding to Items 11.A(1), 11.A(2), 11.B(1), 11.B(2), 11.D(4), and 11.H(1)(a). For purposes of calculating this ten-year period, the date of an event is the date the final order, judgment, or decree was entered, or the date any rights of appeal from preliminary orders, judgments, or decrees lapsed.

You must complete the appropriate Disclosure Reporting Page ("DRP") for "yes" answers to the questions in this Item 11.

For "yes" answers to the following questions, complete a Criminal Action DRP:

- A. In the past ten years, have you or any *advisory affiliate*: YES NO
- (1) been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?

(2) been *charged* with any *felony*?

If you are registered or registering with the SEC, you may limit your response to Item 11.A(2) to charges that are currently pending.

B. In the past ten years, have you or any *advisory affiliate*:

(1) been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor* involving: investments or an *investment-related* business, or any fraud, false statements, or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?

(2) been *charged* with a *misdemeanor* listed in 11.B(1)?

If you are registered or registering with the SEC, you may limit your response to Item 11.B(2) to charges that are currently pending.

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Item 11 Disclosure Information (Continued)

For "yes" answers to the following questions, complete a Regulatory Action DRP:

- | | YES | NO |
|---|----------------------------------|----------------------------------|
| C. Has the SEC or the Commodity Futures Trading Commission (CFTC) ever: | | |
| (1) <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission? | <input checked="" type="radio"/> | <input type="radio"/> |
| (2) <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of SEC or CFTC regulations or statutes? | <input checked="" type="radio"/> | <input type="radio"/> |
| (3) <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="radio"/> | <input checked="" type="radio"/> |
| (4) entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection with <i>investment-related</i> activity? | <input checked="" type="radio"/> | <input type="radio"/> |
| (5) imposed a civil money penalty on you or any <i>advisory affiliate</i> , or <i>ordered</i> you or any <i>advisory affiliate</i> to cease and desist from any activity? | <input checked="" type="radio"/> | <input type="radio"/> |
| D. Has any other federal regulatory agency, any state regulatory agency, or any <i>foreign financial regulatory authority</i> : | | |
| (1) ever <i>found</i> you or any <i>advisory affiliate</i> to have made a false statement or omission, or been dishonest, unfair, or unethical? | <input type="radio"/> | <input checked="" type="radio"/> |
| (2) ever <i>found</i> you or any <i>advisory affiliate</i> to have been <i>involved</i> in a violation of <i>investment-related</i> regulations or statutes? | <input checked="" type="radio"/> | <input type="radio"/> |
| (3) ever <i>found</i> you or any <i>advisory affiliate</i> to have been a cause of an <i>investment-related</i> business having its authorization to do business denied, suspended, revoked, or restricted? | <input type="radio"/> | <input checked="" type="radio"/> |
| (4) in the past ten years, entered an <i>order</i> against you or any <i>advisory affiliate</i> in connection | <input checked="" type="radio"/> | <input type="radio"/> |

with an *investment-related* activity?

- (5) ever denied, suspended, or revoked your or any *advisory affiliate's* registration or license, or otherwise prevented you or any *advisory affiliate*, by order, from associating with an *investment-related* business or restricted your or any *advisory affiliate's* activity?

E. Has any *self-regulatory organization* or commodities exchange ever:

- (1) *found* you or any *advisory affiliate* to have made a false statement or omission?
- (2) *found* you or any *advisory affiliate* to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the SEC)?
- (3) *found* you or any *advisory affiliate* to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?
- (4) disciplined you or any *advisory affiliate* by expelling or suspending you or the *advisory affiliate* from membership, barring or suspending you or the *advisory affiliate* from association with other members, or otherwise restricting your or the *advisory affiliate's* activities?

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Item 11 Disclosure Information (Continued)

- F. Has an authorization to act as an attorney, accountant, or federal contractor granted to you or any *advisory affiliate* ever been revoked or suspended?

- G. Are you or any *advisory affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of Item 11.C., 11.D., or 11.E.?

For "yes" answers to the following questions, complete a Civil Judicial Action DRP:

- | H. (1) Has any domestic or foreign court: | YES | NO |
|--|----------------------------------|----------------------------------|
| (a) in the past ten years, <i>enjoined</i> you or any <i>advisory affiliate</i> in connection with any <i>investment-related</i> activity? | <input type="radio"/> | <input checked="" type="radio"/> |
| (b) ever <i>found</i> that you or any <i>advisory affiliate</i> were <i>involved</i> in a violation of <i>investment-related</i> statutes or regulations? | <input type="radio"/> | <input checked="" type="radio"/> |
| (c) ever dismissed, pursuant to a settlement agreement, an <i>investment-related</i> civil action brought against you or any <i>advisory affiliate</i> by a state or <i>foreign financial regulatory authority</i> ? | <input checked="" type="radio"/> | <input type="radio"/> |
| (2) Are you or any <i>advisory affiliate</i> now the subject of any civil <i>proceeding</i> that could result in a "yes" answer to any part of Item 11.H(1)? | <input checked="" type="radio"/> | <input type="radio"/> |

Item 12 Small Businesses

The SEC is required by the Regulatory Flexibility Act to consider the effect of its regulations on small entities. In order to do this, we need to determine whether you meet the definition of "small business" or "small organization" under rule 0-7.

Answer this Item 12 only if you are registered or registering with the SEC and you indicated in response to Item 5.F(2)(c) that you have assets under management of less than \$25 million. You are not required to answer this

Item 12 if you are filing for initial registration as a state adviser, amending a current state registration, or switching from SEC to state registration.

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Item 12 Small Businesses (Continued)

For purposes of this Item 12 only:

- Total Assets refers to the total assets of a firm, rather than the assets managed on behalf of *clients*. In determining your or another *person's* total assets, you may use the total assets shown on a current balance sheet (but use total assets reported on a consolidated balance sheet with subsidiaries included, if that amount is larger).
- Control means the power to direct or cause the direction of the management or policies of a *person*, whether through ownership of securities, by contract, or otherwise. Any *person* that directly or indirectly has the right to vote 25 percent or more of the voting securities, or is entitled to 25 percent or more of the profits, of another *person* is presumed to control the other *person*.

- | | YES | NO |
|---|-----------------------|-----------------------|
| A. Did you have total assets of \$5 million or more on the last day of your most recent fiscal year? | <input type="radio"/> | <input type="radio"/> |
| <i>If "yes," you do not need to answer Items 12.B. and 12.C.</i> | | |
| B. Do you: | | |
| (1) <i>control</i> another investment adviser that had assets under management of \$25 million or more on the last day of its most recent fiscal year? | <input type="radio"/> | <input type="radio"/> |
| (2) <i>control</i> another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year? | <input type="radio"/> | <input type="radio"/> |
| C. Are you: | | |
| (1) <i>controlled</i> by or under common <i>control</i> with another investment adviser that had assets under management of \$25 million or more on the last day of its most recent fiscal year? | <input type="radio"/> | <input type="radio"/> |
| (2) <i>controlled</i> by or under common <i>control</i> with another <i>person</i> (other than a natural person) that had total assets of \$5 million or more on the last day of its most recent fiscal year? | <input type="radio"/> | <input type="radio"/> |

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You must complete this Part 1B only if you are applying for registration, or are registered, as an investment adviser with any of the *state securities authorities*.

Part 1B Item 1 - State Registration

Complete this Item 1 if you are submitting an initial application for state registration or requesting additional state registration(s). Check the boxes next to the states to which you are submitting this application. If you are already registered with at least one state and are applying for registration with an additional state or

states, check the boxes next to the states in which you are applying for registration. Do not check the boxes next to the states in which you are currently registered or where you have an application for registration pending.

<input type="checkbox"/> AL	<input type="checkbox"/> ID	<input type="checkbox"/> MO	<input type="checkbox"/> PA
<input type="checkbox"/> AK	<input type="checkbox"/> IL	<input type="checkbox"/> MT	<input type="checkbox"/> PR
<input type="checkbox"/> AZ	<input type="checkbox"/> IN	<input type="checkbox"/> NE	<input type="checkbox"/> RI
<input type="checkbox"/> AR	<input type="checkbox"/> IA	<input type="checkbox"/> NV	<input type="checkbox"/> SC
<input type="checkbox"/> CA	<input type="checkbox"/> KS	<input type="checkbox"/> NH	<input type="checkbox"/> SD
<input type="checkbox"/> CO	<input type="checkbox"/> KY	<input type="checkbox"/> NJ	<input type="checkbox"/> TN
<input type="checkbox"/> CT	<input type="checkbox"/> LA	<input type="checkbox"/> NM	<input type="checkbox"/> TX
<input type="checkbox"/> DE	<input type="checkbox"/> ME	<input type="checkbox"/> NY	<input type="checkbox"/> UT
<input type="checkbox"/> DC	<input type="checkbox"/> MD	<input type="checkbox"/> NC	<input type="checkbox"/> VT
<input type="checkbox"/> FL	<input type="checkbox"/> MA	<input type="checkbox"/> ND	<input type="checkbox"/> VI
<input type="checkbox"/> GA	<input type="checkbox"/> MI	<input type="checkbox"/> OH	<input type="checkbox"/> VA
<input type="checkbox"/> GU	<input type="checkbox"/> MN	<input type="checkbox"/> OK	<input type="checkbox"/> WA
<input type="checkbox"/> HI	<input type="checkbox"/> MS	<input type="checkbox"/> OR	<input type="checkbox"/> WV
			<input type="checkbox"/> WI

Part 1B Item 2 - Additional Information

A. Person responsible for supervision and compliance:

Name:

Title:

Telephone:

Fax:

Number and Street 1:

Number and Street 2:

City:

State:

Country:

ZIP+4/Postal Code:

Email address, if available:

If this address is a private residence, check this box:

B. Bond/Capital Information, if required by your *home state*.

(1) Name of Issuing Insurance Company:

(2) Amount of Bond:

\$.00

(3) Bond Policy Number:

Yes No

(4) If required by your home state, are you in compliance with your home state's minimum capital requirements?

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Part 1B Item 2 - Additional Information (Continued)

	Yes	No
For "yes" answers to the following question, complete a Bond DRP.		
C. Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="radio"/>	<input type="radio"/>
For "yes" answers to the following question, complete a Judgment/Lien DRP:		
D. Do you have any unsatisfied judgments or liens against you?	<input type="radio"/>	<input type="radio"/>
For "yes" answers to the following questions, complete an Arbitration DRP:		
E. Are you, any <i>advisory affiliate</i> , or any <i>management person</i> currently the subject of, or have you, any <i>advisory affiliate</i> , or any <i>management person</i> been the subject of, an arbitration claim alleging damages in excess of \$2,500, involving any of the following:		
(1) any investment or an <i>investment-related</i> business of activity?	<input type="radio"/>	<input type="radio"/>
(2) fraud, false statement, or omission?	<input type="radio"/>	<input type="radio"/>
(3) theft, embezzlement, or other wrongful taking of property?	<input type="radio"/>	<input type="radio"/>
(4) bribery, forgery, counterfeiting, or extortion?	<input type="radio"/>	<input type="radio"/>
(5) dishonest, unfair, or unethical practices?	<input type="radio"/>	<input type="radio"/>
For "yes" answers to the following questions, complete a Civil Judicial Action DRP:		
F. Are you, any <i>advisory affiliate</i> , or any <i>management person</i> currently subject to, or have you, any <i>advisory affiliate</i> , or any <i>management person</i> been <i>found</i> liable in, a civil, <i>self-regulatory organization</i> , or administrative <i>proceeding</i> involving any of the following:		
(1) an investment or <i>investment-related</i> business or activity?	<input type="radio"/>	<input type="radio"/>
(2) fraud, false statement, or omission?	<input type="radio"/>	<input type="radio"/>
(3) theft, embezzlement, or other wrongful taking of property?	<input type="radio"/>	<input type="radio"/>
(4) bribery, forgery, counterfeiting, or extortion?	<input type="radio"/>	<input type="radio"/>
(5) dishonest, unfair, or unethical practices?	<input type="radio"/>	<input type="radio"/>
G. Other Business Activities		
(1) You are actively engaged in business as a(n) (check all that apply):		
<input type="checkbox"/> Attorney		
<input type="checkbox"/> Certified Public Accountant		
<input type="checkbox"/> Tax Preparer		

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

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Part 1B Item 2 - Additional Information (Continued)

(2) If you are actively engaged in any business other than those listed in Item 6.A of Part 1A or Item 2.G (1) of Part 1B, describe the business and the approximate amount of time spent on that business:

H. If you provide financial planning services, the investments made based on those services at the end of your last fiscal year totaled:

	Securities Investments	Non-Securities Investments
Under \$100,000	<input type="radio"/>	<input type="radio"/>
\$100,001 to \$500,000	<input type="radio"/>	<input type="radio"/>
\$500,001 to \$1,000,000	<input type="radio"/>	<input type="radio"/>
\$1,000,001 to \$2,500,000	<input type="radio"/>	<input type="radio"/>
\$2,500,001 to \$5,000,000	<input type="radio"/>	<input type="radio"/>
More than \$5,000,000	<input type="radio"/>	<input type="radio"/>

If securities investments are over \$5,000,000, how much? (round to the nearest \$1,000,000)

If non-securities investments are over \$5,000,000, how much? (round to the nearest \$1,000,000)

	Yes	No
I. <i>Custody</i>		
(1) Do you withdraw advisory fees directly from your <i>clients'</i> accounts? If you answered "yes", respond to the following:	<input type="radio"/>	<input type="radio"/>
(a) Do you send a copy of your invoice to the custodian or trustee at the same time that you send a copy to the <i>client</i> ?	<input type="radio"/>	<input type="radio"/>
(b) Does the custodian send quarterly statements to your <i>clients</i> showing all disbursements for the custodian account, including the amount of the advisory fees?	<input type="radio"/>	<input type="radio"/>
(c) Do your <i>clients</i> provide written authorization permitting you to be paid directly for their accounts held by the custodian or trustee?	<input type="radio"/>	<input type="radio"/>
(2) Do you act as a general partner for any partnership or trustee for any trust in which your advisory <i>clients</i> are either partners of the partnership or beneficiaries of the trust? If you answered "yes", respond to the following:	<input type="radio"/>	<input type="radio"/>
(a) As the general partner of a partnership, have you engaged an attorney or an independent certified public accountant to provide authority permitting each direct payment or any transfer of funds or securities from the partnership account?	<input type="radio"/>	<input type="radio"/>
(3) Do you require the prepayment of fees of more than \$500 per <i>client</i> and for six months or more in advance?	<input type="radio"/>	<input type="radio"/>

**FORM ADV
UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

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Part 1B Item 2 - Additional Information (Continued)

Yes No

J. If you are organized as a sole proprietorship, please answer the following:

- (1) (a) Have you passed, on or after January 1, 2000, the Series 65 examination?
- (b) Have you passed, on or after January 1, 2000, the Series 66 examination and also passed, at any time, the Series 7 examination?
- (2) (a) Do you have any investment advisory professional designations?
If "no", you do not need to answer Item 2.J(2)(b).
- (b) I have earned and I am in good standing with the organization that issued the following credential:
- Certified Financial Planner ("CFP")
- Chartered Financial Analyst ("CFA")
- Chartered Financial Consultant ("ChFC")
- Chartered Investment Counselor ("CIC")
- Personal Financial Specialist ("PFS")
- None of the above
- (3) Your Social Security Number:

FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

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Amend, retire or file new brochures:

FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

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Form ADV, Schedule A

Direct Owners and Executive Officers

1. Complete Schedule A only if you are submitting an initial application. Schedule A asks for information about your direct owners and executive officers. Use Schedule C to amend this information.
2. Direct Owners and Executive Officers. List below the names of:
 - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer (Chief Compliance Officer is required and cannot be more than one individual), director, and any other individuals with similar status or functions;
 - (b) if you are organized as a corporation, each shareholder that is a direct owner of 5% or more of a class of your voting securities, unless you are a public reporting company (a company subject to Section 12 or 15(d) of the Exchange Act);

Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 5% or more of a class of your voting securities. For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.

- (c) if you are organized as a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of your capital;
- (d) in the case of a trust that directly owns 5% or more of a class of your voting securities, or that has the right to receive upon dissolution, or has contributed, 5% or more of your capital, the trust and each trustee; and
- (e) if you are organized as a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 5% or more of your capital, and (ii) if managed by elected managers, all elected managers.

3. Do you have any indirect owners to be reported on Schedule B? Yes No
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner or executive officer is an individual.
5. Complete the Title or Status column by entering board/management titles; status as partner, trustee, sole proprietor, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes are:
- | | | |
|--------------------------|---------------------------|---------------------------|
| NA - less than 5% | B - 10% but less than 25% | D - 50% but less than 75% |
| A - 5% but less than 10% | C - 25% but less than 50% | E - 75% or more |
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
- (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
- (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Title or Status	Date Title or Status Acquired MM/YYYY	Ownership Code	<i>Control Person</i>	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No., or Employer ID No.
H L INVESTMENT ADVISORS LLC	DE	OWNER	12/1998	E	Y	N	106077
FAGELY, TAMARA LYNN	I	CONTROLLER/FINOP AND CHIEF FIN. OFFICER	04/2002	NA	Y	N	1758333
PERNEREWSKI, COLLEEN BETH	I	CHIEF INVESTMENT ADVISER COMPLIANCE OFFICER/ CHIEF COMPLIANCE OFFICER	08/2006	NA	Y	N	5202625
MACDONALD, EDWARD PAUL	I	VICE PRESIDENT AND CHIEF LEGAL OFFICER	06/2006	NA	Y	N	4512680
ARENA, ROBERT	I	PRESIDENT, CHIEF	10/2009	NA	Y	N	2634115

MICHAEL JR		EXECUTIVE OFFICER AND MANAGER					
MEYER, VERNON JOSEPH	I	SENIOR VICE PRESIDENT	02/2007	NA	Y	N	2416119
GIAMALIS, JOHN NICHOLAS	I	TREASURER	02/2007	NA	Y	N	
SCHROEDER, ELIZABETH LYNN	I	ASSISTANT VICE PRESIDENT	02/2007	NA	Y	N	2986004
ORR, MARILYN KEIGHTLEY	I	ASSISTANT VICE PRESIDENT	02/2007	NA	Y	N	
SLOANE, DONALD KEITH	I	SENIOR VICE PRESIDENT	11/2007	NA	N	N	1187420
SIDES, MARK A	I	BROKER-DEALER CHIEF LEGAL OFFICER AND SECRETARY	11/2007	NA	N	N	5040276
DRESSEN, MICHAEL ROBERT	I	PRIVACY OFFICER/ASSISTANT SECRETARY/OPER. COMPLIANCE OFFICER	03/2009	NA	Y	N	4353622
FIXER, MICHAEL	I	ASSISTANT TREASURER/ASSISTANT VICE PRESIDENT	02/2008	NA	Y	N	
DAVEY, JAMES EDWARD	I	CHAIRMAN OF THE BOARD AND MANAGER	10/2009	NA	Y	N	2041562
CONNOR, KEVIN MICHAEL	I	MANAGER	10/2009	NA	Y	N	1073518
STELTER, KATHRYN ANN	I	ASSISTANT VICE PRESIDENT	03/2009	NA	Y	N	2768973
QUADE, LAURA SUE	I	ASSISTANT VICE PRESIDENT	03/2009	NA	Y	N	2762896
CONNER, CHRISTOPHER SCOTT	I	AML COMPLIANCE OFFICER AND BROKER/DEALER CHIEF COMPLIANCE OFFICER	03/2009	NA	Y	N	2239639
OHL, JAMIE LESLIE	I	MANAGER	10/2009	NA	Y	N	2683503
SWANSON, MARTIN ALLEN	I	VICE PRESIDENT	10/2009	NA	Y	N	1414020

**FORM ADV
UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

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Form ADV, Schedule B

Indirect Owners

1. Complete Schedule B only if you are submitting an initial application. Schedule B asks for information about your indirect owners; you must first complete Schedule A, which asks for information about your direct owners. Use Schedule C to amend this information.

2. Indirect Owners. With respect to each owner listed on Schedule A (except individual owners), list below:
- (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
- For purposes of this Schedule, a *person* beneficially owns any securities: (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant, or right to purchase the security.
- (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
- (c) in the case of an owner that is a trust, the trust and each trustee; and
- (d) in the case of an owner that is a limited liability company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
3. Continue up the chain of ownership listing all 25% owners at each level. Once a public reporting company (a company subject to Sections 12 or 15(d) of the Exchange Act) is reached, no further ownership information need be given.
4. In the DE/FE/I column below, enter "DE" if the owner is a domestic entity, "FE" if the owner is an entity incorporated or domiciled in a foreign country, or "I" if the owner is an individual.
5. Complete the Status column by entering the owner's status as partner, trustee, elected manager, shareholder, or member; and for shareholders or members, the class of securities owned (if more than one is issued).
6. Ownership codes C - 25% but less than E - 75% or more
are: 50%
 D - 50% but less than F - Other (general partner, trustee, or elected
 75% manager)
7. (a) In the *Control Person* column, enter "Yes" if the *person* has *control* as defined in the Glossary of Terms to Form ADV, and enter "No" if the *person* does not have *control*. Note that under this definition, most executive officers and all 25% owners, general partners, elected managers, and trustees are *control persons*.
- (b) In the PR column, enter "PR" if the owner is a public reporting company under Sections 12 or 15(d) of the Exchange Act.
- (c) Complete each column.

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	DE/FE/I	Entity in Which Interest is Owned	Status	Date Status Acquired MM/YYYY	Ownership Code	<i>Control Person</i>	PR	CRD No. If None: S.S. No. and Date of Birth, IRS Tax No. or Employer ID No.
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY (ILA)	DE	HARTFORD LIFE INSURANCE	OWNER	03/2009	E	Y	N	06-0838648
THE HARTFORD FINANCIAL SERVICES GROUP, INC. (HIG)	DE	HARTFORD HOLDINGS, INC..	OWNER	08/2002	E	Y	Y	13-3317783

HARTFORD LIFE, INC.	DE	HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY	OWNER	12/1996	E	Y	N	06-1470915
HARTFORD FINANCIAL SERVICES, LLC	DE	HL INVESTMENT ADVISORS, LLC	OWNER	12/1998	E	Y	N	52-2137766
HARTFORD HOLDINGS, INC.	DE	HARTFORD LIFE, INC.	OWNER	08/2002	E	Y	N	22-3866674
HARTFORD LIFE INSURANCE COMPANY	DE	HARTFORD LIFE AND ANNUITY INSURANCE CO.	OWNER	09/2009	E	Y	N	06-0974148
HARTFORD LIFE AND ANNUITY INSURANCE CO.	DE	HARTFORD FINANCIAL SERVICES, LLC	OWNER	09/2009	E	Y	N	39-1052598

FORM ADV**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, SCHEDULE C

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Form ADV, Schedule C**Amendments to Schedules A and B**

- Use Schedule C only to amend information requested on either Schedule A or Schedule B. Refer to Schedule A and Schedule B for specific instructions for completing this Schedule C. Complete each column.
- In the Type of Amendment column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).
- Ownership codes are:

NA - less than 5%	C - 25% but less than 50%	G - Other (general partner, trustee, or elected member)
A - 5% but less than 10%	D - 50% but less than 75%	
B - 10% but less than 25%	E - 75% or more	

- List below all changes to Schedule A (Direct Owners and Executive Officers):

No Changes to Direct Owner / Executive Officer Information Filed

- List below all changes to Schedule B (Indirect Owners):

No Changes to Indirect Owner Information Filed

FORM ADV**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, SCHEDULE D Page 1

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Form ADV, Schedule D Page 1

Certain items in Part 1A of Form ADV require additional information on Schedule D. Use this Schedule D Page 1 to

report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

Section 1.B. Other Business Names

List your other business names and the jurisdictions in which you use them. You must complete a separate Schedule D for each business name.

No Information Filed

Section 1.F. Other Offices

Complete the following information for each office, other than your *principal office and place of business*, at which you conduct investment advisory business. You must complete a separate Schedule D Page 1 for each location. If you are applying for registration, or are registered, only with the SEC, list only the largest five (in terms of numbers of *employees*).

No Information Filed

Section 1.I. World Wide Web Site Addresses

List your World Wide Web site addresses. You must complete a separate Schedule D for each World Wide Web site address.

No Information Filed

Section 1.K. Locations of Books and Records

Complete the following information for each location at which you keep your books and records, other than your *principal office and place of business*. You must complete a separate Schedule D Page 1 for each location.

Name of entity where books and records are kept:

HARTFORD LIFE INSURANCE COMPANY

Number and Street 1:

500 BIELENBERG DRIVE

Number and Street 2:

City:

WOODBURY

State:

MN

Country:

UNITED STATES

ZIP+4/Postal Code:

55125

If this address is a private residence, check this box:

Telephone Number:

651-738-5586

Facsimile number:

651-738-0996

This is (check one):

- one of your branch offices or affiliates.
 a third-party unaffiliated recordkeeper.
 other.

Briefly describe the books and records kept at this location.

CLIENT ACCOUNT/BUSINESS RECORDS

Name of entity where books and records are kept:

IRON MOUNTAIN INC

Number and Street 1:

100 KENNEDY ROAD

Number and Street 2:

City:

WINDSOR

State:

CT

Country:

UNITED STATES

ZIP+4/Postal Code:

06095

If this address is a private residence, check this box:

Telephone Number:

860-298-3400

Facsimile number:

860-298-3467

This is (check one):

- one of your branch offices or affiliates.
 a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.

ARCHIVED CLIENT ACCOUNT/BUSINESS RECORDS

Name of entity where books and records are kept:

IRON MOUNTAIN INC.

Number and Street 1:

950 APOLLO ROAD

Number and Street 2:

City:

EAGAN

State:

MN

Country:

UNITED STATES

ZIP+4/Postal Code:

55121

If this address is a private residence, check this box:

Telephone Number:

952-888-3852

Facsimile number:

952-888-8445

This is (check one):

one of your branch offices or affiliates.

a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.

ARCHIVED CLIENT ACCOUNT/BUSINESS RECORDS

Name of entity where books and records are kept:

THE HARTFORD

Number and Street 1:

1 GRIFFIN ROAD SOUTH

Number and Street 2:

City:

BLOOMFIELD

State:

CT

Country:

UNITED STATES

ZIP+4/Postal Code:

06002

If this address is a private residence, check this box:

Telephone Number:

860-769-2521

Facsimile number:

This is (check one):

one of your branch offices or affiliates.

a third-party unaffiliated recordkeeper.

other.

Briefly describe the books and records kept at this location.

ARCHIVED CLIENT ACCOUNT/BUSINESS RECORDS

FORM ADV

UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, SCHEDULE D, Page 2

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Form ADV, Schedule D Page 2

Use this Schedule D Page 2 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

Section 1.L. Registration with *Foreign Financial Regulatory Authorities*

List the name, in English, of each *foreign financial regulatory authority* and country with which you are registered. You must complete a separate Schedule D Page 2 for each *foreign financial regulatory authority* with whom you are registered.

No Information Filed

Section 2.A(7) Affiliated Adviser

No Information Filed

Section 2.A(8) Newly Formed Adviser

If you are relying on rule 203A-2(d), the newly formed adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations. You must make both of these representations:

- I am not registered or required to be registered with the SEC or a *state securities authority* and I have a reasonable expectation that I will be eligible to register with the SEC within 120 days after the date my registration with the SEC becomes effective.
- I undertake to withdraw from SEC registration if, on the 120th day after my registration with the SEC becomes effective, I would be prohibited by Section 203A(a) of the Advisers Act from registering with the SEC.

Section 2.A(9) Multi-State Adviser

If you are relying on rule 203A-2(e), the multi-state adviser exemption from the prohibition on registration, you are required to make certain representations about your eligibility for SEC registration. By checking the appropriate boxes, you will be deemed to have made the required representations.

If you are applying for registration as an investment adviser with the SEC, you must make both of these representations:

- I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of 30 or more states to register as an investment adviser with the securities authorities in those states.
- I undertake to withdraw from SEC registration if I file an amendment to this registration indicating that I would be required by the laws of fewer than 25 states to register as an investment adviser with the securities authorities of those states.

If you are submitting your *annual updating amendment*, you must make this representation:

- Within 90 days prior to the date of filing this amendment, I have reviewed the applicable state and federal laws and have concluded that I am required by the laws of at least 25 states to register as an investment adviser with the securities authorities in those states.

FORM ADV**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, SCHEDULE D, Page 3

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Form ADV, Schedule D Page 3

Use this Schedule D Page 3 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

Section 2.A(11) SEC Exemptive Order

No Information Filed

Section 4 Successions

Complete the following information if you are succeeding to the business of a currently-registered investment adviser. If you acquired more than one firm in the succession you are reporting on this Form ADV, you must complete a separate Schedule D Page 3 for each acquired firm. See Part 1A Instruction 4.

No Information Filed

Section 5.1(2) Wrap Fee Programs

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Page 3 for each *wrap fee program* for which you are a portfolio manager.

No Information Filed

Section 6.B. Description of Primary Business

No Information Filed

Section 7.A. Affiliated Investment Advisers and Broker-Dealers

You **MUST** complete the following information for each investment adviser with whom you are affiliated. You **MAY** complete the following information for each broker-dealer with whom you are affiliated. You must complete a separate Schedule D Page 3 for each listed affiliate.

Legal Name of Affiliate:

HARTFORD INVESTMENT MANAGEMENT KK

Primary Business Name of Affiliate:

HARTFORD INVESTMENT MANAGEMENT KK

Affiliate is (check only one box):

- Investment Adviser
 Broker - Dealer
 Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any)

801-

Affiliate's CRD Number (if any):

Legal Name of Affiliate:

HARTFORD INVESTMENTS CANADA CORP.

Primary Business Name of Affiliate:

HARTFORD INVESTMENTS CANADA CORP.

Affiliate is (check only one box):

- Investment Adviser
 Broker - Dealer
 Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any)

801-

Affiliate's CRD Number (if any):

Legal Name of Affiliate:

HARTFORD INVESTMENT MANAGEMENT COMPANY

Primary Business Name of Affiliate:

HARTFORD INVESTMENT MANAGEMENT COMPANY

Affiliate is (check only one box):

- Investment Adviser
 Broker - Dealer
 Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any)

801- 53542

Affiliate's CRD Number (if any):

106699

Legal Name of Affiliate:

HL INVESTMENT ADVISORS, LLC

Primary Business Name of Affiliate:

HL INVESTMENT ADVISORS, LLC

Affiliate is (check only one box):

- Investment Adviser
 Broker - Dealer
 Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any)

801- 16814

Affiliate's CRD Number (if any):

106077

Legal Name of Affiliate:

WOODBURY FINANCIAL SERVICES, INC.

Primary Business Name of Affiliate:

WOODBURY FINANCIAL SERVICES, INC.

Affiliate is (check only one box):

- Investment Adviser
 Broker - Dealer
 Dual (Investment Adviser and Broker-Dealer)

Affiliated Investment Adviser's SEC File Number (if any)

801- 54905

Affiliate's CRD Number (if any):

421

FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

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Form ADV, Schedule D Page 4

Use this Schedule D Page 4 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

Section 7.B. Limited Partnership Participation or Other Private Fund Participation

You must complete a separate Schedule D Page 4 for each limited partnership in which you or a *related person* is a general partner, each limited liability company for which you or a *related person* is a manager, and each other private fund that you advise.

No Information Filed

Section 10 Control Persons

You must complete a separate Schedule D Page 4 for each *control person* not named in Item 1.A. or Schedules A, B, or C that directly or indirectly *controls* your management or policies.

No Information Filed

FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

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Form ADV, Schedule D Page 5

Use this Schedule D Page 5 to report details for items listed below. Report only new information or changes/updates to previously submitted information. Do not repeat previously submitted information.

Schedule D - Miscellaneous

You may use the space below to explain a response to an Item or to provide any other information.

SECTION 7,(A)(3) - HARTFORD INVESTMENT MANAGEMENT KK ("HIMKK") IS AN AFFILIATE OF THE REGISTRANT, ORGANIZED UNDER THE LAWS OF JAPAN. HIMKK IS A NON-DISCRETIONARY INVESTMENT ADVISOR, REGULATED BY THE FSA. HARTFORD INVESTMENTS CANADA CORP. ("HICC") IS AN AFFILIATE OF THE REGISTRANT ORGANIZED UNDER THE LAWS OF CANADA. HICC IS A REGISTERED INVESTMENT ADVISOR AND ADVISES CANADIAN MUTUAL FUNDS SPONSORED BY THE HARTFORD. SECTION 7(B) - REGISTRANT HAS RELATED SEC-REGISTERED ADVISERS THAT MANAGE LIMITED PARTNERSHIPS THAT ARE NOT LISTED IN SECTION 7.B. OF SCHEDULE D. COMPLETE AND ACCURATE INFORMATION ABOUT THESE LIMITED PARTNERSHIPS IS AVAILABLE IN SECTION 7.B. OF SCHEDULE D OF THE RELATED SEC-REGISTERED ADVISERS' FORMS ADV. REGISTRANT'S CLIENTS ARE NOT SOLICITED TO INVEST IN ANY OF THESE LIMITED PARTNERSHIPS. LEGAL PROCEEDINGS - THE HARTFORD FINANCIAL SERVICES GROUP, INC. AND ITS

SUBSIDIARIES ("THE HARTFORD") ARE ALSO INVOLVED IN OTHER KINDS OF LEGAL ACTIONS, SOME OF WHICH ASSERT CLAIMS FOR SUBSTANTIAL AMOUNTS. THESE ACTIONS INCLUDE, AMONG OTHERS, PUTATIVE STATE AND FEDERAL CLASS ACTIONS SEEKING CERTIFICATION OF A STATE OR NATIONAL CLASS. SUCH PUTATIVE CLASS ACTIONS HAVE ALLEGED, FOR EXAMPLE, UNDERPAYMENT OF CLAIMS OR IMPROPER UNDERWRITING PRACTICES IN CONNECTION WITH VARIOUS KINDS OF INSURANCE POLICIES, SUCH AS PERSONAL AND COMMERCIAL AUTOMOBILE, PROPERTY, LIFE AND INLAND MARINE; IMPROPER SALES PRACTICES IN CONNECTION WITH THE SALE OF LIFE INSURANCE AND OTHER INVESTMENT PRODUCTS; AND IMPROPER FEE ARRANGEMENTS IN CONNECTION WITH MUTUAL FUNDS AND STRUCTURED SETTLEMENTS. THE HARTFORD ALSO IS INVOLVED IN INDIVIDUAL ACTIONS IN WHICH PUNITIVE DAMAGES ARE SOUGHT, SUCH AS CLAIMS ALLEGING BAD FAITH IN THE HANDLING OF INSURANCE CLAIMS. LIKE MANY OTHER INSURERS, THE HARTFORD ALSO HAS BEEN JOINED IN ACTIONS BY ASBESTOS PLAINTIFFS ASSERTING, AMONG OTHER THINGS, THAT INSURERS HAD A DUTY TO PROTECT THE PUBLIC FROM THE DANGERS OF ASBESTOS AND THAT INSURERS COMMITTED UNFAIR TRADE PRACTICES BY ASSERTING DEFENSES ON BEHALF OF THEIR POLICYHOLDERS IN THE UNDERLYING ASBESTOS CASES. MANAGEMENT EXPECTS THAT THE ULTIMATE LIABILITY, IF ANY, WITH RESPECT TO SUCH LAWSUITS, AFTER CONSIDERATION OF PROVISIONS MADE FOR ESTIMATED LOSSES, WILL NOT BE MATERIAL TO THE CONSOLIDATED FINANCIAL CONDITION OF THE HARTFORD. NONETHELESS, GIVEN THE LARGE OR INDETERMINATE AMOUNTS SOUGHT IN CERTAIN OF THESE ACTIONS, AND THE INHERENT UNPREDICTABILITY OF LITIGATION, AN ADVERSE OUTCOME IN CERTAIN MATTERS COULD, FROM TIME TO TIME, HAVE A MATERIAL ADVERSE EFFECT ON THE HARTFORD'S CONSOLIDATED RESULTS OF OPERATIONS OR CASH FLOWS IN PARTICULAR QUARTERLY OR ANNUAL PERIODS.

FORM ADV UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, DRP Pages

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CRIMINAL DISCLOSURE REPORTING PAGE (ADV)

No Information Filed

REGULATORY ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

<i>Regulatory Action</i>			
<input type="checkbox"/> 11.C(1)	<input type="checkbox"/> 11.C(5)	<input checked="" type="checkbox"/> 11.D(4)	<input type="checkbox"/> 11.E(3)
<input type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(5)	<input type="checkbox"/> 11.E(4)
<input type="checkbox"/> 11.C(3)	<input checked="" type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.E(1)	<input type="checkbox"/> 11.F
<input type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.D(3)	<input type="checkbox"/> 11.E(2)	<input type="checkbox"/> 11.G

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: _____ This *advisory affiliate* is a Firm an Individual

Registered: Yes No

Name: THE HARTFORD FINANCIAL SERVICES GROUP, INC.
(For individuals, Last, First, Middle)

This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.

This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

SEC Other Federal State SRO Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or SRO)

NEW YORK ATTORNEY GENERAL, ET AL

2. Principal Sanction:

Restitution

Other Sanctions:

1. IMPLEMENT CONTROLS TO GUARD AGAINST MARKET TIMING. 2. PROSPECTIVE FUTURE LIMITATION ON CONTINGENT COMMISSION PAYMENTS FOR PROPERTY CASUALTY BUSINESS. 3. PROVIDE ENHANCED

COMMISSION DISCLOSURE FOR PROPERTY CASUALTY BUSINESS. 4. AGREE TO OTHER LIMITATIONS CONCERNING PROPERTY CASUALTY COMMISSION PAYMENT AND OTHER BUSINESS PRACTICES.

3. Date Initiated (MM/DD/YYYY):

10/29/2003 Exact Explanation

If not exact, provide explanation:

4. Docket/Case Number:

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):
HARTFORD FINANCIAL SERVICES GROUP, INC.

6. Principal Product Type:

Annuity(ies) - Variable

Other Product Types:

INSURANCE & MUTUAL FUNDS

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

ON JULY 23, 2007, THE COMPANY ENTERED INTO AN AGREEMENT (THE "AGREEMENT") WITH THE NEW YORK ATTORNEY GENERAL'S OFFICE, THE CONNECTICUT ATTORNEY GENERAL'S OFFICE, AND THE ILLINOIS ATTORNEY GENERAL'S OFFICE TO RESOLVE (I) THE INVESTIGATIONS BY THE NEW YORK ATTORNEY GENERAL REGARDING ASPECTS OF THE COMPANY'S VARIABLE ANNUITY AND MUTUAL FUND OPERATIONS RELATED TO ALLEGED MARKET TIMING; AND (II) THE INVESTIGATIONS INITIATED BY THESE ATTORNEYS GENERAL REGARDING THE COMPANY'S COMPENSATION AGREEMENTS WITH P&C BROKERS, ALLEGED PARTICIPATION IN ARRANGEMENTS TO SUBMIT INFLATED BIDS, COMPENSATION ARRANGEMENTS IN CONNECTION WITH THE ADMINISTRATION OF WORKERS COMPENSATION PLANS AND REPORTING OF WORKERS COMPENSATION PREMIUM, PARTICIPATION IN FINITE REINSURANCE TRANSACTIONS, SALE OF FIXED AND INDIVIDUAL ANNUITIES USED TO FUND STRUCTURED SETTLEMENTS, AND MARKETING AND SALE OF INDIVIDUAL AND GROUP VARIABLE ANNUITY PRODUCTS.

8. Current status ? Pending On Appeal Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Settled

11. Resolution Date (MM/DD/YYYY):

07/23/2007 Exact Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

Monetary/Fine Amount: \$ 115000000

Revocation/Expulsion/Denial

Disgorgement/Restitution

Censure

Cease and Desist/Injunction

Bar

Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

1. IMPLEMENT CONTROLS TO GUARD AGAINST MARKET TIMING. 2. PROSPECTIVE FUTURE LIMITATION ON CONTINGENT COMMISSION PAYMENTS FOR PROPERTY CASUALTY BUSINESS. 3. PROVIDE ENHANCED COMMISSION DISCLOSURE FOR PROPERTY CASUALTY BUSINESS. 4. AGREE TO OTHER LIMITATIONS CONCERNING PROPERTY CASUALTY COMMISSION PAYMENT AND OTHER BUSINESS PRACTICES.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided.)

IN LIGHT OF THE AGREEMENT, THE STAFF OF THE SECURITIES AND EXCHANGE COMMISSION HAS INFORMED THE COMPANY THAT IT HAS DETERMINED TO CONCLUDE ITS PREVIOUSLY DISCLOSED INVESTIGATION INTO MARKET TIMING WITHOUT TAKING ANY ACTION. UNDER THE TERMS OF THE AGREEMENT, THE COMPANY WILL PAY \$115 MILLION, OF WHICH \$84 MILLION REPRESENTS RESTITUTION FOR MARKET TIMING, \$5 MILLION REPRESENTS RESTITUTION FOR ISSUES RELATING TO THE COMPENSATION OF P&C BROKERS, AND \$26 MILLION IS A CIVIL PENALTY. ALSO PURSUANT TO THE TERMS OF THE AGREEMENT, THE COMPANY AGREED TO CERTAIN CONDUCT REMEDIES, INCLUDING, AMONG OTHER THINGS, A BAN ON THE PAYMENT OF CONTINGENT COMPENSATION TO BROKERS WITH RESPECT TO THOSE PROPERTY AND CASUALTY LINES IN WHICH INSURERS THAT TOGETHER REPRESENT AT LEAST 65% OF THE MARKET IN THAT INSURANCE LINE DO NOT PAY CONTINGENT COMPENSATION.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

<i>Regulatory Action</i>			
<input type="checkbox"/> 11.C(1)	<input type="checkbox"/> 11.C(5)	<input type="checkbox"/> 11.D(4)	<input type="checkbox"/> 11.E(3)
<input type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(5)	<input type="checkbox"/> 11.E(4)
<input type="checkbox"/> 11.C(3)	<input type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.E(1)	<input type="checkbox"/> 11.F
<input type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.D(3)	<input checked="" type="checkbox"/> 11.E(2)	<input type="checkbox"/> 11.G

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
 You and one or more of your *advisory affiliates*
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - <i>ADVISORY AFFILIATE</i>
No Information Filed

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
- This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

- SEC Other Federal State *SRO* Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

NATIONAL SECURITIES CLEARING CORPORATION (NSCC)

2. Principal Sanction:

Civil and Administrative Penalt(ies) /Fine(s)

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

02/07/2006 Exact Explanation

If not exact, provide explanation:

4. Docket/Case Number:

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Mutual Fund(s)

Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

NET CAPITAL OF HIFSCO WAS BELOW NSCC NET CAPITAL REQUIREMENTS IN A NUMBER OF PERIODS BETWEEN 1/1/2000 AND 12/31/2004. HIFSCO DID NOT PROVIDE NSCC WITH A COPY OF THE 7/21/05 RULE 17A-11 NOTIFICATION SUBMITTED TO THE SEC AND NASD. HIFSCO RECEIVED NOTICE FROM NSCC ON 1/4/06 THAT A \$5,000 FINE WOULD BE IMPOSED. HIFSCO RECEIVED AN INVOICE FROM THE NSCC FOR A \$5,000 FINE ON 2/7/06.

8. Current status ? Pending On Appeal Final

9. If on appeal, regulatory action appealed to (SEC, SRO, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Other

11. Resolution Date (MM/DD/YYYY):

02/09/2006 Exact Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

Monetary/Fine Amount: \$ 5000

Revocation/Expulsion/Denial

Censure

Bar

Disgorgement/Restitution

Cease and Desist/Injunction

Suspension

B. Other Sanctions *Ordered*:

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

A \$5,000 FINE WAS PAID ON 2/9/06.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant

terms, conditions and dates (your response must fit within the space provided.)
THIS IS A CLOSED MATTER.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

Regulatory Action			
<input checked="" type="checkbox"/> 11.C(1)	<input checked="" type="checkbox"/> 11.C(5)	<input type="checkbox"/> 11.D(4)	<input type="checkbox"/> 11.E(3)
<input checked="" type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(5)	<input type="checkbox"/> 11.E(4)
<input type="checkbox"/> 11.C(3)	<input type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.E(1)	<input type="checkbox"/> 11.F
<input checked="" type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.D(3)	<input type="checkbox"/> 11.E(2)	<input type="checkbox"/> 11.G

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
 You and one or more of your *advisory affiliates*
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a CRD number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: 106077 This *advisory affiliate* is a Firm an Individual
Registered: Yes No
Name: H L INVESTMENT ADVISORS LLC
(For individuals, Last, First, Middle)

This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.

This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event

you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

SEC Other Federal State SRO Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)
SECURITIES AND EXCHANGE COMMISSION

2. Principal Sanction:

Disgorgement

Other Sanctions:

CEASE AND DESIST, UNDERTAKING, CENSURE, CIVIL AND ADMINISTRATIVE PENALTIES

3. Date Initiated (MM/DD/YYYY):

11/08/2006 Exact Explanation

If not exact, provide explanation:

4. Docket/Case Number:

3-12476

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Mutual Fund(s)

Other Product Types:

THE HARTFORD MUTUAL FUNDS AND HARTFORD HLS SERIES FUNDS

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

THE SEC ALLEGED THAT HARTFORD INVESTMENT FINANCIAL SERVICES, LLC (HIFS) AND HL INVESTMENT ADVISORS (HL ADVISORS) VIOLATED SECTIONS 17(A)(2) AND (3) OF THE SECURITIES ACT OF 1933, SECTION 206(2) OF THE INVESTMENT ADVISERS ACT OF 1940, AND SECTION 34(B) OF THE INVESTMENT COMPANY ACT OF 1940 THROUGH MISREPRESENTATIONS OR OMISSIONS OF FACT CONCERNING THE USE OF DIRECTED BROKERAGE IN CONNECTION WITH THE MARKETING AND DISTRIBUTION OF HARTFORD MUTUAL FUNDS AND ANNUITIES. THE SEC ALLEGED THAT HARTFORD SECURITIES DISTRIBUTION COMPANY, INC. (HSD) CAUSED AND AIDED AND ABETTED THE ALLEGED VIOLATIONS BY HIFS AND HL ADVISORS OF SECTIONS 17(A)(2) AND (3) OF THE SECURITIES ACT OF 1933 AND SECTION 206(2) OF THE INVESTMENT ADVISERS ACT OF 1940.

8. Current status ? Pending On Appeal Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:
Decision & Order of Offer of Settlement

11. Resolution Date (MM/DD/YYYY):
11/08/2006 Exact Explanation
If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Monetary/Fine Amount: \$ 55000000 | <input checked="" type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input checked="" type="checkbox"/> Cease and Desist/Injunction |
| <input checked="" type="checkbox"/> Censure | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Bar | |

B. Other Sanctions *Ordered*:

HIFS, HL ADVISORS AND HSD HAVE VOLUNTARILY UNDERTAKEN OR OTHERWISE AGREED TO:
(1.) FORM A DISCLOSURE REVIEW COMMITTEE DESIGNED TO ENSURE THAT ALL PROSPECTUS AND SAI DISCLOSURES FOR INVESTMENT PRODUCTS ARE ACCURATE; STRENGTHEN OVERSIGHT OVER COMPLIANCE MATTERS RELATED TO PREVENTING AND DETECTING CONFLICTS OF INTERESTS, BREACHES OF FIDUCIARY DUTY, AND VIOLATION OF FEDERAL SECURITIES LAWS RELATED TO INVESTMENT PRODUCTS; (2.) ENSURE THE RESPONDENTS' BOARDS OF DIRECTORS REVIEW AND APPROVE DISCLOSURES CONCERNING CERTAIN PAYMENTS MADE TO BROKER DEALERS AND OTHER INTERMEDIARIES; AND (3.) STRENGTHEN OVERALL COMPLIANCE OVERSIGHT PROVIDED WITHIN HIFS, HL ADVISORS AND HSD.

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE RESPONDENTS ARE REQUIRED TO PAY DISGORGEMENT OF \$40 MILLION AND CIVIL MONETARY PENALTIES OF \$15 MILLION TO THE AFFECTED HARTFORD MUTUAL FUNDS WITHIN 30 DAYS OF NOVEMBER 8, 2006.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided.)

ON NOVEMBER 8, 2006, THE SEC ISSUED AN ORDER THAT INSTITUTED ADMINISTRATIVE AND CEASE-AND-DESIST PROCEEDINGS, MADE CERTAIN FINDINGS RELATIVE TO THESE PROCEEDINGS AND IMPOSED REMEDIAL SANCTIONS AND A CEASE-AND-DESIST ORDER PURSUANT TO SECTION 8A OF THE SECURITIES ACT OF 1933, SECTION 15(B) OF THE SECURITIES EXCHANGE ACT OF 1934, SECTIONS 203 (E) AND 203(K) OF THE INVESTMENT ADVISERS ACT OF 1940, AND SECTIONS 9(B) AND 9(F) OF THE INVESTMENT COMPANY ACT OF 1940. ALSO ON NOVEMBER 8, 2006, THE RESPONDENTS SETTLED THIS MATTER WITHOUT ADMITTING OR DENYING THE FINDINGS SET FORTH IN THE SEC'S NOVEMBER 8, 2006 ORDER. PLEASE SEE RESPONSE TO QUESTION 12 FOR A DESCRIPTION OF THE RESOLUTION OF THESE PROCEEDINGS.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Items 11.C., 11.D., 11.E., 11.F. or 11.G. of Form ADV.

Check item(s) being responded to:

<i>Regulatory Action</i>			
<input type="checkbox"/> 11.C(1)	<input type="checkbox"/> 11.C(5)	<input type="checkbox"/> 11.D(4)	<input type="checkbox"/> 11.E(3)
<input type="checkbox"/> 11.C(2)	<input type="checkbox"/> 11.D(1)	<input type="checkbox"/> 11.D(5)	<input type="checkbox"/> 11.E(4)
<input type="checkbox"/> 11.C(3)	<input type="checkbox"/> 11.D(2)	<input type="checkbox"/> 11.E(1)	<input type="checkbox"/> 11.F
<input type="checkbox"/> 11.C(4)	<input type="checkbox"/> 11.D(3)	<input type="checkbox"/> 11.E(2)	<input checked="" type="checkbox"/> 11.G

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11.C., 11.D., 11.E., 11.F. or 11.G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
 You and one or more of your *advisory affiliates*
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a CRD number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: _____ This *advisory affiliate* is a Firm an Individual
Registered: Yes No
Name: THE HARTFORD FINANCIAL SERVICES GROUP, INC. ("HFSG")
(For individuals, Last, First, Middle)

- This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.
 This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or *advisory affiliate's* favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.D(4), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

- B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Regulatory Action initiated by:

SEC Other Federal State SRO Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)
PEOPLE OF CALIFORNIA BY JOHN GARAMENDI INSURANCE COMMISSIONER.

2. Principal Sanction:

Injunction

Other Sanctions:

COSTS AND ATTORNEYS' FEES

3. Date Initiated (MM/DD/YYYY):

06/10/2005 Exact Explanation

If not exact, provide explanation:

4. Docket/Case Number:

GIC838913

5. *Advisory Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

Insurance

Other Product Types:

7. Describe the allegations related to this regulatory action (your response must fit within the space provided):

HARTFORD WAS ADDED AS A DEFENDANT IN THIS LITIGATION INVOLVING BROKER COMPENSATION/CONTINGENT COMMISSIONS. THE COMPLAINT ALLEGES THAT THESE AND OTHER COMPANIES ENTERED INTO UNLAWFUL COMPENSATION ARRANGEMENTS WITH UNIVERSAL LIFE RESOURCES AND VARIOUS AFFILIATES, IN VIOLATION OF VARIOUS CALIFORNIA INSURANCE LAWS. IN THE SECOND AMENDED COMPLAINT, THE COMMISSIONER SET FORTH FIVE CAUSES OF ACTION SEEKING INJUNCTIVE RELIEF AGAINST THE VARIOUS DEFENDANTS TO PREVENT FURTHER ACTS ALLEGED TO BE VIOLATIONS OF THE STATUTES.

8. Current status ? Pending On Appeal Final

9. If on appeal, regulatory action appealed to (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.

10. How was matter resolved:

Settled

11. Resolution Date (MM/DD/YYYY):

04/10/2007 Exact Explanation

If not exact, provide explanation:

12. Resolution Detail:

A. Were any of the following Sanctions *Ordered* (check all appropriate items)?

- | | |
|--|--|
| <input type="checkbox"/> Monetary/Fine Amount: \$ | <input type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Bar | |

B. Other Sanctions *Ordered*:

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL.

Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates (your response must fit within the space provided.)

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL. HARTFORD WAS DISMISSED FROM THIS CASE.

CIVIL JUDICIAL ACTION DISCLOSURE REPORTING PAGE (ADV)

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A and Item 2.F. of Part 1B of Form ADV.

Check Part 1A item(s) being responded to:

Civil Judicial			
<input type="checkbox"/> 11.H(1)(a)	<input type="checkbox"/> 11.H(1)(b)	<input type="checkbox"/> 11.H(1)(c)	<input checked="" type="checkbox"/> 11.H(2)

Check Part 1B item(s) being responded to:

Civil Judicial				
<input type="checkbox"/> 2.F(1)	<input type="checkbox"/> 2.F(2)	<input type="checkbox"/> 2.F(3)	<input type="checkbox"/> 2.F(4)	<input type="checkbox"/> 2.F(5)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
- You and one or more of your *advisory affiliates*
- One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: _____ This *advisory affiliate* is a Firm an Individual

Registered: Yes No

Name: HARTFORD FINANCIAL SERVICE GROUP, INC. ("HFSG")
(For individuals, Last, First, Middle)

CRD Number: _____ This *advisory affiliate* is a Firm an Individual

Registered: Yes No

Name: HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
(For individuals, Last, First, Middle)

This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.

This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or advisory affiliate's favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD, or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

- Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, *SRO*, commodities

exchange, agency, firm, private plaintiff, etc.)

PEOPLE OF CALIFORNIA BY JOHN GARAMENDI INSURANCE COMMISSIONER.

2. Principal Relief Sought:

Injunction

Other Relief Sought:

COSTS AND ATTORNEYS' FEES

3. Filing Date of Court Action (MM/DD/YYYY):

06/10/2005 Exact Explanation

If not exact, provide explanation:

4. Principal Product Type:

Insurance

Other Product Types:

5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

CALIFORNIA STATE COURT (SAN DIEGO); DOCKET NO. GIC838913

6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):

7. Describe the allegations related to this civil action (your response must fit within the space provided):

HARTFORD WAS ADDED AS A DEFENDANT IN THIS LITIGATION INVOLVING BROKER COMPENSATION/CONTINGENT COMMISSIONS. THE COMPLAINT ALLEGES THAT THESE AND OTHER COMPANIES ENTERED INTO UNLAWFUL COMPENSATION ARRANGEMENTS WITH UNIVERSAL LIFE RESOURCES AND VARIOUS AFFILIATES, IN VIOLATION OF VARIOUS CALIFORNIA INSURANCE LAWS. IN THE SECOND AMENDED COMPLAINT, THE COMMISSIONER SET FORTH FIVE CAUSES OF ACTION SEEKING INJUNCTIVE RELIEF AGAINST THE VARIOUS DEFENDANTS TO PREVENT FURTHER ACTS ALLEGED TO BE VIOLATIONS OF THE STATUTES.

8. Current Status? Pending On Appeal Final

9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):

10. If pending, date notice/process was served (MM/DD/YYYY):

06/10/2005 Exact Explanation

If not exact, provide explanation:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:

Settled

12. Resolution Date (MM/DD/YYYY):

04/10/2007 Exact Explanation

If not exact, provide explanation:

13. Resolution Detail:

A. Were any of the following Sanctions Ordered or Relief Granted (check appropriate items)?

- | | |
|--|--|
| <input type="checkbox"/> Monetary/Fine Amount: \$ | <input type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Bar | |

B. Other Sanctions:

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL.

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL.

14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided)

A SETTLEMENT WAS NEGOTIATED PURSUANT TO WHICH HARTFORD AGREED TO DISCLOSE MORE SPECIFIC INFORMATION ABOUT CONTINGENT COMPENSATION, AS WELL AS INFORM POLICYHOLDERS OF CHANGES IN BASE BROKER COMMISSION RATES UPON RENEWAL. HARTFORD WAS DISMISSED FROM THIS CASE.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A and Item 2.F. of Part 1B of Form ADV.

Check Part 1A item(s) being responded to:

Civil Judicial			
<input type="checkbox"/> 11.H(1)(a)	<input type="checkbox"/> 11.H(1)(b)	<input checked="" type="checkbox"/> 11.H(1)(c)	<input type="checkbox"/> 11.H(2)

Check Part 1B item(s) being responded to:

Civil Judicial				
<input type="checkbox"/> 2.F(1)	<input type="checkbox"/> 2.F(2)	<input type="checkbox"/> 2.F(3)	<input type="checkbox"/> 2.F(4)	<input type="checkbox"/> 2.F(5)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
 You and one or more of your *advisory affiliates*
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE	
CRD Number:	This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual
Registered:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name:	HARTFORD LIFE, INC. (For individuals, Last, First, Middle)
CRD Number:	This <i>advisory affiliate</i> is <input checked="" type="radio"/> a Firm <input type="radio"/> an Individual
Registered:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Name:	THE HARTFORD FINANCIAL SERVICES GROUP, INC. (For individuals, Last, First, Middle)

This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.

This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or advisory affiliate's favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD, or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its IARD or *CRD* records.

PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority*, *SRO*, commodities exchange, agency, firm, private plaintiff, etc.)

ATTORNEY GENERAL FOR THE STATES OF NEW YORK AND CONNECTICUT

2. Principal Relief Sought:
Disgorgement

Other Relief Sought:

INJUNCTION, MONETARY DAMAGES, RESTITUTION

3. Filing Date of Court Action (MM/DD/YYYY):

05/10/2006 Exact Explanation

If not exact, provide explanation:

4. Principal Product Type:

Other

Other Product Types:

SINGLE PREMIUM GROUP (FIXED) ANNUITY

5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK SUPERIOR COURT OF THE STATE OF CONNECTICUT, JUDICIAL DISTRICT OF HARTFORD.

6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):

HARTFORD LIFE, INC THE HARTFORD FINANCIAL SERVICES GROUP, INC

7. Describe the allegations related to this civil action (your response must fit within the space provided):

THE CIVIL COMPLAINTS FILED BY THE NEW YORK ATTORNEY GENERAL AND THE CONNECTICUT ATTORNEY GENERAL ALLEGED THAT THE HARTFORD FINANCIAL SERVICES GROUP, INC. AND HARTFORD LIFE, INC. (COLLECTIVELY REFERRED TO AS "THE COMPANY") PAID COMPENSATION TO BROKERS OF TERMINAL AND MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITIES, WHICH WAS NOT FULLY DISCLOSED TO PLAN SPONSORS, TO IMPROPERLY INCENT THE PLACEMENT OF BUSINESS WITH THE COMPANY, IN VIOLATION OF STATE LAW

8. Current Status? Pending On Appeal Final

9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):

10. If pending, date notice/process was served (MM/DD/YYYY):

Exact Explanation

If not exact, provide explanation:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:

Settled

12. Resolution Date (MM/DD/YYYY):

05/10/2006 Exact Explanation

If not exact, provide explanation:

13. Resolution Detail:

A. Were any of the following Sanctions Ordered or Relief Granted (check appropriate items)?

Monetary/Fine Amount: \$

Revocation/Expulsion/Denial

Censure

Disgorgement/Restitution

Cease and Desist/Injunction

Bar Suspension

B. Other Sanctions:

THE COMPANY ENTERED INTO A SETTLEMENT AGREEMENT PRIOR TO ANY COURT MAKING ANY FINDINGS OF FACT OR CONCLUSIONS OF LAW. THE TERMS OF THE SETTLEMENT CALL FOR THE COMPANY TO PAY \$20 MILLION, OF WHICH \$16.1 MILLION WILL BE PAID TO CERTAIN PLAN SPONSORS THAT PURCHASED TERMINAL OR MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITIES BETWEEN JANUARY 1, 1998 AND DECEMBER 31, 2004 WITH THE BALANCE OF \$3.9 MILLION TO BE PAID AS A FINE TO THE STATES OF NEW YORK AND CONNECTICUT. THE SETTLEMENT ALSO CALLS FOR THE COMPANY TO REFRAIN FOR A PERIOD OF THREE YEARS FROM PAYING CONTINGENT COMPENSATION TO PRODUCERS IN ITS TERMINAL AND MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITY LINE OF BUSINESS.

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

THE COMPANY ENTERED INTO A SETTLEMENT AGREEMENT PRIOR TO ANY COURT MAKING ANY FINDINGS OF FACT OR CONCLUSIONS OF LAW. THE TERMS OF THE SETTLEMENT CALL FOR THE COMPANY TO PAY \$20 MILLION, OF WHICH \$16.1 MILLION WILL BE PAID TO CERTAIN PLAN SPONSORS THAT PURCHASED TERMINAL OR MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITIES BETWEEN JANUARY 1, 1998 AND DECEMBER 31, 2004 WITH THE BALANCE OF \$3.9 MILLION TO BE PAID AS A FINE TO THE STATES OF NEW YORK AND CONNECTICUT. THE SETTLEMENT ALSO CALLS FOR THE COMPANY TO REFRAIN FOR A PERIOD OF THREE YEARS FROM PAYING CONTINGENT COMPENSATION TO PRODUCERS IN ITS TERMINAL AND MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITY LINE OF BUSINESS.

14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided)

ON MAY 10, 2006 THE HARTFORD FINANCIAL SERVICES GROUP, INC. AND HARTFORD LIFE, INC. (COLLECTIVELY REFERRED TO AS "THE COMPANY") ENTERED INTO A SETTLEMENT AGREEMENT WITH THE NEW YORK ATTORNEY GENERAL AND THE CONNECTICUT ATTORNEY GENERAL THAT RESOLVED INVESTIGATIONS BY THESE AGENCIES INTO THE COMPANY'S PAYMENTS UNDER AN EXPENSE REIMBURSEMENT PROGRAM IN ITS TERMINAL AND MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITY LINE OF BUSINESS. THE GROUP ANNUITY PRODUCTS IN ISSUE ARE FIXED PRODUCTS AND ARE NOT SECURITIES. THE TERMS OF THE SETTLEMENT CALL FOR THE COMPANY TO PAY \$20 MILLION, OF WHICH \$16.1 MILLION WILL BE PAID TO CERTAIN PLAN SPONSORS THAT PURCHASED TERMINAL OR MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITIES BETWEEN JANUARY 1, 1998 AND DECEMBER 31, 2004 WITH THE BALANCE OF \$3.9 MILLION TO BE PAID AS A FINE TO THE STATES OF NEW YORK AND CONNECTICUT. THE SETTLEMENT ALSO CALLS FOR THE COMPANY TO REFRAIN FOR A PERIOD OF THREE YEARS FROM PAYING CONTINGENT COMPENSATION TO PRODUCERS IN ITS TERMINAL AND MATURITY FUNDING SINGLE PREMIUM GROUP ANNUITY LINE OF BUSINESS. THE NEW YORK AND CONNECTICUT CIVIL ACTIONS WERE DISMISSED WITH PREJUDICE ON THE SAME DAY THEY WERE COMMENCED, MAY 10, 2006.

GENERAL INSTRUCTIONS

This Disclosure Reporting Page (DRP ADV) is an INITIAL **OR** AMENDED response used to report details for affirmative responses to Item 11.H. of Part 1A and Item 2.F. of Part 1B of Form ADV.

Check Part 1A item(s) being responded to:

Civil Judicial

11.H(1)(a) 11.H(1)(b) 11.H(1)(c) 11.H(2)

Check Part 1B item(s) being responded to:

Civil Judicial

2.F(1) 2.F(2) 2.F(3) 2.F(4) 2.F(5)

Use a separate DRP for each event or *proceeding*. The same event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Item 11.H. of Part 1A or Item 2.F. of Part 1B. Use only one DRP to report details related to the same event. Unrelated civil judicial actions must be reported on separate DRPs.

PART I

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- You (the advisory firm)
 You and one or more of your *advisory affiliates*
 One or more of your *advisory affiliates*

If this DRP is being filed for an *advisory affiliate*, give the full name of the *advisory affiliate* below (for individuals, Last name, First name, Middle name).

If the *advisory affiliate* has a *CRD* number, provide that number. If not, indicate "non-registered" by checking the appropriate box.

ADV DRP - ADVISORY AFFILIATE

CRD Number: _____ This *advisory affiliate* is a Firm an Individual
Registered: Yes No
Name: THE HARTFORD FINANCIAL SERVICES GROUP, INC.
(For individuals, Last, First, Middle)

This DRP should be removed from the ADV record because the *advisory affiliate(s)* is no longer associated with the adviser.

This DRP should be removed from the ADV record because: (1) the event or *proceeding* occurred more than ten years ago or (2) the adviser is registered or applying for registration with the SEC and the event was resolved in the adviser's or advisory affiliate's favor.

If you are registered or registering with a *state securities authority*, you may remove a DRP for an event you reported only in response to Item 11.H(1)(a), and only if that event occurred more than ten years ago. If you are registered or registering with the SEC, you may remove a DRP for any event listed in Item 11 that occurred more than ten years ago.

B. If the *advisory affiliate* is registered through the IARD system or *CRD* system, has the *advisory affiliate* submitted a DRP (with Form ADV, BD, or U-4) to the IARD or *CRD* for the event? If the answer is "Yes," no other information on this DRP must be provided.

Yes No

NOTE: The completion of this form does not relieve the *advisory affiliate* of its obligation to update its

IARD or *CRD* records.

PART II

1. Court Action initiated by: (Name of regulator, *foreign financial regulatory authority, SRO, commodities exchange, agency, firm, private plaintiff, etc.*)
STATE OF OHIO, EX REL, OFFICE OF ATTORNEY GENERAL

2. Principal Relief Sought:
Injunction

Other Relief Sought:
DAMAGES AND STATUTORY FORFEITURE

3. Filing Date of Court Action (MM/DD/YYYY):

08/24/2007 Exact Explanation

If not exact, provide explanation:

4. Principal Product Type:

Other

Other Product Types:
COMMERCIAL LINES OF CASUALTY INSURANCE

5. Formal Action was brought in (include name of Federal, State or Foreign Court, Location of Court - City or County and State or Country, Docket/Case Number):

COURT OF COMMON PLEAS, CUYAHOGA COUNTY, OHIO

6. *Advisory Affiliate* Employing Firm when activity occurred which led to the civil judicial action (if applicable):

7. Describe the allegations related to this civil action (your response must fit within the space provided):

THE COMPLAINT FILED BY THE OHIO ATTORNEY GENERAL ALLEGES THAT CERTAIN PROPERTY AND CASUALTY INSURANCE AFFILIATES HAVE VIOLATED VARIOUS TRADE AND CONSUMER PROTECTION LAWS, ALLEGEDLY IN AN ATTEMPT TO LIMIT COMPETITION. THE COMPLAINT FURTHER STATES THAT SUCH ATTEMPTS WERE MADE THROUGH IMPROPER STATEMENTS, IMPROPER QUOTING PRACTICES AND OTHER SALES PRACTICE VIOLATIONS.

8. Current Status? Pending On Appeal Final

9. If on appeal, action appealed to (provide name of court) and Date Appeal Filed (MM/DD/YYYY):

10. If pending, date notice/process was served (MM/DD/YYYY):

09/11/2007 Exact Explanation

If not exact, provide explanation:

If Final or On Appeal, complete all items below. For Pending Actions, complete Item 14 only.

11. How was matter resolved:

12. Resolution Date (MM/DD/YYYY):

Exact Explanation

If not exact, provide explanation:

13. Resolution Detail:

A. Were any of the following Sanctions Ordered or Relief Granted (check appropriate items)?

- | | |
|--|--|
| <input type="checkbox"/> Monetary/Fine Amount: \$ | <input type="checkbox"/> Disgorgement/Restitution |
| <input type="checkbox"/> Revocation/Expulsion/Denial | <input type="checkbox"/> Cease and Desist/Injunction |
| <input type="checkbox"/> Censure | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Bar | |

B. Other Sanctions:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against you or an *advisory affiliate*, date paid and if any portion of penalty was waived:

14. Provide a brief summary of circumstances related to the action(s), allegation(s), disposition(s) and/or finding(s) disclosed above (your response must fit within the space provided)
 THE DEFENDANTS NAMED IN THE ACTION DISPUTE THE ALLEGATIONS AGAINST THE HARTFORD AND INTEND TO DEFEND THIS ACTION VIGOROUSLY.

Bond DRPs

No Information Filed

Judgment/Lien DRPs

No Information Filed

Arbitration DRPs

No Information Filed

FORM ADV**UNIFORM APPLICATION FOR INVESTMENT ADVISER REGISTRATION**

Primary Business Name: HARTFORD INVESTMENT FINANCIAL SERVICES, LLC

CRD Number: 45995

ADV - Amendment, Execution Pages

Rev. 02/2005

11/13/2009 2:56:59 PM

DOMESTIC INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial application for SEC registration and all amendments to registration.

Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the Secretary of State or other legally designated officer, of the state in which you maintain your *principal office and place of business* and any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order instituting proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration

brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding* or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are submitting a *notice filing*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: COLLEEN B. PERNEREWski	Date: MM/DD/YYYY 11/13/2009
Printed Name: COLLEEN B. PERNEREWski	Title: CHIEF COMPLIANCE OFFICER
Adviser CRD Number: 45995	

NON-RESIDENT INVESTMENT ADVISER EXECUTION PAGE

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial application for SEC registration and all amendments to registration.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint each of the Secretary of the SEC, and the Secretary of State or other legally designated officer, of any other state in which you are submitting a *notice filing*, as your agents to receive service, and agree that such *persons* may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is *founded*, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of any state in which you are submitting a *notice filing*.

2. Appointment and Consent: Effect on Partnerships

If you are organized as a partnership, this irrevocable power of attorney and consent to service of process will continue in effect if any partner withdraws from or is admitted to the partnership, provided that the admission or withdrawal does not create a new partnership. If the partnership dissolves, this irrevocable power of attorney and consent shall be in effect for any action brought against you or any of your former partners.

3. *Non-Resident* Investment Adviser Undertaking Regarding Books and Records

By signing this Form ADV, you also agree to provide, at your own expense, to the U.S. Securities and Exchange Commission at its principal office in Washington D.C., at any Regional or District Office of the Commission, or at any one of its offices in the United States, as specified by the Commission, correct, current, and complete copies of any or all records that you are required to maintain under Rule 204-2 under the Investment Advisers Act of 1940. This undertaking shall be binding upon you, your heirs, successors and assigns, and any *person* subject to your written irrevocable consents or powers of attorney or any of your general partners and *managing agents*.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the *non-resident* investment adviser. The investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having custody or possession of these books and records to make them available to federal and state regulatory representatives.

Signature: _____ Date: MM/DD/YYYY

Printed Name: _____ Title: _____

Adviser *CRD* Number:
45995

State Registered Investment Adviser Execution Page

You must complete the following Execution Page to Form ADV. This execution page must be signed and attached to your initial application for state registration and all amendments to registration.

1. Appointment of Agent for Service of Process

By signing this Form ADV Execution Page, you, the undersigned adviser, irrevocably appoint the legally designated officers and their successors, of the state in which you maintain your *principal office and place of business* and any other state in which you are applying for registration or amending your registration, as your agents to receive service, and agree that such persons may accept service on your behalf, of any notice, subpoena, summons, *order* instituting *proceedings*, demand for arbitration, or other process or papers, and you further agree that such service may be made by registered or certified mail, in any federal or state action, administrative *proceeding* or arbitration brought against you in any place subject to the jurisdiction of the United States, if the action, *proceeding*, or arbitration (a) arises out of any activity in connection with your investment advisory business that is subject to the jurisdiction of the United States, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these acts, or (ii) the laws of the state in which you maintain your *principal office and place of business* or of any state in which you are applying for registration or amending your registration.

2. State-Registered Investment Adviser Affidavit

If you are subject to state regulation, by signing this Form ADV, you represent that, you are in compliance with the registration requirements of the state in which you maintain your principal place of business and are in compliance with the bonding, capital, and recordkeeping requirements of that state.

Signature

I, the undersigned, sign this Form ADV on behalf of, and with the authority of, the investment adviser. The

investment adviser and I both certify, under penalty of perjury under the laws of the United States of America, that the information and statements made in this ADV, including exhibits and any other information submitted, are true and correct, and that I am signing this Form ADV Execution Page as a free and voluntary act.

I certify that the adviser's books and records will be preserved and available for inspection as required by law. Finally, I authorize any *person* having *custody* or possession of these books and records to make them available to federal and state regulatory representatives.

Signature	Date MM/DD/YYYY
CRD Number 45995	
Printed Name	Title

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Uniform Application for Investment Adviser Registration

OMB APPROVAL	
OMB Number:	3235-0049
Expires:	July 31, 2008
Estimated average burden hours per response	9.402

Name of Investment Adviser: Hartford Investment Financial Services, LLC					
Address: (Number and Street)	(City)	(State)	(Zip Code)	Area Code	Telephone Number
200 Hopmeadow Street	Simsbury	CT	06089	(860)	843-4632

**This part of Form ADV gives information about the investment adviser and its business for the use of clients.
The information has not been approved or verified by any governmental authority.**

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(Schedules A, B, C, D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1. A. Advisory Services and Fees. (check the applicable boxes) For each type of service provided, state the approximate % of total advisory billings from that service. (See instruction below.)

Applicant:

<input checked="" type="checkbox"/>	(1)	Provides investment supervisory services	<u>1</u>	%
<input checked="" type="checkbox"/>	(2)	Manages investment advisory accounts not involving investment supervisory services	<u>99</u>	%
<input type="checkbox"/>	(3)	Furnishes investment advice through consultations not included in either service described above	_____	%
<input type="checkbox"/>	(4)	Issues periodicals about securities by subscription	_____	%
<input type="checkbox"/>	(5)	Issues special reports about securities not included in any service described above	_____	%
<input type="checkbox"/>	(6)	Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which clients may use to evaluate securities	_____	%
<input type="checkbox"/>	(7)	On more than an occasional basis, furnishes advice to clients on matters not involving securities	_____	%
<input type="checkbox"/>	(8)	Provides a timing service	_____	%
<input type="checkbox"/>	(9)	Furnishes advice about securities in any manner not described above	_____	%

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

B. Does applicant call any of the services it checked above financial planning or some similar term? Yes No

C. Applicant offers investment advisory services for: (check all that apply)

<input checked="" type="checkbox"/>	(1)	A percentage of assets under management	<input type="checkbox"/>	(4)	Subscription fees
<input type="checkbox"/>	(2)	Hourly charges	<input type="checkbox"/>	(5)	Commissions
<input type="checkbox"/>	(3)	Fixed fees (not including subscription fees)	<input type="checkbox"/>	(6)	Other

D. For each checked box in A above, describe on Schedule F:

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- when compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate an investment advisory contract before its expiration date

2. Types of Clients — Applicant generally provides investment advice to: (check those that apply)

<input type="checkbox"/>	A.	Individuals	<input type="checkbox"/>	E.	Trusts, estates, or charitable organizations
<input type="checkbox"/>	B.	Banks or thrift institutions	<input type="checkbox"/>	F.	Corporations or business entities other than those listed above
<input checked="" type="checkbox"/>	C.	Investment companies	<input type="checkbox"/>	G.	Other (describe on Schedule F)
<input type="checkbox"/>	D.	Pension and profit sharing plans			

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

3. Types of Investments. Applicant offers advice on the following: (check those that apply)

- A. Equity securities
- (1) exchange-listed securities
- (2) securities traded over-the-counter
- (3) foreign issuers
- B. Warrants
- C. Corporate debt securities (other than commercial paper)
- D. Commercial paper
- E. Certificates of deposit
- F. Municipal securities
- G. Investment company securities:
- (1) variable life insurance
- (2) variable annuities
- (3) mutual fund shares
- H. United States government securities
- I. Options contracts on:
- (1) securities
- (2) commodities
- J. Futures contracts on:
- (1) tangibles
- (2) intangibles
- K. Interests in partnerships investing in:
- (1) real estate
- (2) oil and gas interests
- (3) other (explain on Schedule F)
- L. Other (explain on Schedule F)

4. Methods of Analysis, Sources of Information, and Investment Strategies.

A. Applicant's security analysis methods include: (check those that apply)

- (1) Charting
- (2) Fundamental
- (3) Technical
- (4) Cyclical
- (5) Other (explain on Schedule F)

B. The main sources of information applicant uses include: (check those that apply)

- (1) Financial newspapers and magazines
- (2) Inspections of corporate activities
- (3) Research materials prepared by others
- (4) Corporate rating services
- (5) Timing services
- (6) Annual reports, prospectuses, filings with the Securities and Exchange Commission
- (7) Company press releases
- (8) Other (explain on Schedule F)

C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)

- (1) Long term purchases (securities held at least a year)
- (2) Short term purchases (securities sold within a year)
- (3) Trading (securities sold within 30 days)
- (4) Short sales
- (5) Margin transactions
- (6) Option writing, including covered options, uncovered options, or spreading strategies
- (7) Other (explain on Schedule F)

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

5. Education and Business Standards.

Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients? Yes No

(If yes, describe these standards on Schedule F.)

6. Education and Business Background.

For:

- each member of the investment committee or group that determines general investment advice to be given to clients, or
- if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)
- each principal executive officer of applicant or each person with similar status or performing similar functions.

On Schedule F, give the:

- name
- formal education after high school
- year of birth
- business background for the preceding five years

7. Other Business Activities. (check those that apply)

- A. Applicant is actively engaged in a business other than giving investment advice.
- B. Applicant sells products or services other than investment advice to clients.
- C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.

(For each checked box describe the other activities, including the time spent on them, on Schedule F.)

8. Other Financial Industry Activities or Affiliations. (check those that apply)

- A. Applicant is registered (or has an application pending) as a securities broker-dealer.
- B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser.
- C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a:

<input checked="" type="checkbox"/> (1) broker-dealer	<input type="checkbox"/> (7) accounting firm
<input checked="" type="checkbox"/> (2) investment company	<input type="checkbox"/> (8) law firm
<input checked="" type="checkbox"/> (3) other investment adviser	<input checked="" type="checkbox"/> (9) insurance company or agency
<input type="checkbox"/> (4) financial planning firm	<input type="checkbox"/> (10) pension consultant
<input type="checkbox"/> (5) commodity pool operator, commodity trading adviser or futures commission merchant	<input type="checkbox"/> (11) real estate broker or dealer
<input type="checkbox"/> (6) banking or thrift institution	<input type="checkbox"/> (12) entity that creates or packages limited partnerships

(For each checked box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)

D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest? Yes No

(If yes, describe on Schedule F the partnerships and what they invest in.)

9. Participation or Interest in Client Transactions.

Applicant or a related person: (check those that apply)

- A. As principal, buys securities for itself from or sells securities it owns to any client.
- B. As broker or agent effects securities transactions for compensation for any client.
- C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.
- D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.
- E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures, or disclosures are used for conflicts of interest in those transactions.)

Describe, on Schedule F, your code of ethics, and state that you will provide a copy of your code of ethics to any client or prospective client upon request.

10. Conditions for Managing Accounts. Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services *and* impose a minimum dollar value of assets or other conditions for starting or maintaining an account?

Yes No

(If yes, describe on Schedule F.)

11. Review of Accounts. If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

- A. Describe below the reviews and reviewers of the accounts. **For reviews**, include their frequency, different levels, and triggering factors. **For reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each.

The Registrant's investment committee (known as the Investment Oversight Committee ("Committee")) regularly reviews the performance of the mutual funds Registrant is adviser to. The Committee monitors and evaluates investment performance. The quality of performance results and investment management services provided by Registrant's sub-advisers are also monitored and evaluated by the Committee.

- B. Describe below the nature and frequency of regular reports to clients on their accounts.

Each client receives formal reports at least quarterly. Reports normally include actual performance, performance against objectives, benchmarks or indices, comments on markets and strategy and any suggested changes in performance objectives.

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

12. Investment or Brokerage Discretion.

- A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:
- | | | |
|--|---|-----------------------------|
| (1) securities to be bought or sold? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (2) amount of the securities to be bought or sold? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (3) broker or dealer to be used? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (4) commission rates paid? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

- B. Does applicant or a related person suggest brokers to clients? Yes No

For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commissions higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for products and research services received.

13. Additional Compensation.

Does the applicant or a related person have any arrangements, oral or in writing, where it:

- A. is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients? Yes No
- B. directly or indirectly compensates any person for client referrals? Yes No

(For each yes, describe the arrangements on Schedule F.)

14. Balance Sheet. Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities (unless applicant is registered or registering only with the Securities and Exchange Commission); or
 - requires prepayment of more than \$500 in fees per client and 6 or more months in advance
- Has applicant provided a Schedule G balance sheet? Yes No

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

① Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:
Hartford Investment Financial Services, LLC

IRS Empl. Ident. No.:
06-1472211

Item of Form (identify)	Answer
	Item 1A <u>ADVISORY SERVICES</u>
	<p>Mutual funds management as discussed in more detail below.</p> <p>The Registrant serves as investment manager to registered investment companies sponsored and distributed by entities affiliated with the Registrant. Complete information concerning each investment company is disclosed in its registration statement.</p>
	Item 1D <u>ADVISORY FEES</u>
	<p>Fees are generally calculated as a percentage of assets under management.</p>
	<u>Item 3, 4 and 12 TYPES OF INVESTMENTS AND INVESTMENT STRATEGIES AND INVESTMENT OR BROKERAGE DISCRETION</u>
	<p>Registrant serves as investment manager to investment companies registered under the Investment Company Act of 1940 (the "Mutual Funds"). The Mutual Funds are sponsored by The Registrant or affiliates of the Registrant. With respect to each of the Mutual Funds except the Checks and Balances Fund, the Registrant has entered into an Investment Sub-Advisory Agreement pursuant to which a sub-adviser performs the day-to-day investment management activities for the Mutual Funds. Registrant supervises the investment sub-advisers and does not directly buy and sell portfolio securities for the Mutual Funds. Among other responsibilities, Registrant reviews security selection, performance, brokerage, trading policies and other practices of the investment sub-advisers.</p> <p>With respect to The Checks and Balances Fund, Registrant serves as the investment manager and is responsible for the day-to-day investment management of the fund. Registrant is responsible for allocating assets between certain of the Mutual Funds ("Underlying Funds") pursuant to the fund's investment objectives and strategies as outlined in the fund's prospectus. In addition, among other responsibilities, Registrant reviews security selection, performance, brokerage, trading policies and other practices with respect to the Underlying Funds invested in by The Checks and Balances Fund.</p>
	Item 5 <u>EDUCATION AND BUSINESS STANDARDS</u>
	<p>The Registrant generally requires its advisory personnel to possess a college degree, or its equivalent, and encourages the continued formal education of such persons through universities and professional organizations.</p>
	Item 6 <u>EDUCATION AND BUSINESS BACKGROUND</u>
	<p>Background information including business experience for at least the past five years for the principal executive officers of the Registrant is listed below:</p>
	<u>Robert M. Arena, Jr.</u>
	Title and Responsibilities: President, Chief Executive Officer and Manager
	Date of Birth: 08/15/1968
	Education: M.B.A., University of Connecticut, 1994

**Schedule F of
Form ADV
Continuation Sheet for Form ADV Part II**

Applicant:
Hartford Investment Financial Services, LLC

SEC File Number:
801- 53584

Date:
11/12/2009

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

① Full name of applicant exactly as stated in Item 1A of Part I of Form ADV:
Hartford Investment Financial Services, LLC

IRS Empl. Ident. No.:
06-1472211

Item of Form (identify)	Answer
	<p>B.A., Holy Cross College, 1990</p> <p>Professional Experience: Hartford Life Insurance Company 2004-Present American Skandia, 1995-2004</p> <p><u>Kevin M. Connor</u></p> <p>Title and Responsibilities: Manager</p> <p>Date of Birth: 01/25/1960</p> <p>Education: Bloomsburg College, 09/1978-12/1980</p> <p>Professional Experience: Hartford Life Insurance Company, 2008-Present PLANCO, 1981-2008</p> <p><u>James E. Davey</u></p> <p>Title and Responsibilities: Chairman of the Board and Manager</p> <p>Date of Birth: 04/06/1964</p> <p>Education: Kings College, 1988</p> <p>Professional Experience: Hartford Life Insurance Company 2002-Present</p> <p><u>Tamara Lynn Fagely</u></p> <p>Title and Responsibilities: Controller & Chief Financial Officer</p> <p>Date of Birth: 06/03/1958</p> <p>Education: B.S., Winona State University, 1980</p> <p>Professional Experience: Hartford Life Insurance Company</p> <p><u>Edward. P. Macdonald</u></p> <p>Title and Responsibilities: Vice President and Chief Legal Officer</p> <p>Date of Birth: 07/04/1967</p> <p>Education: B.A., University of Scranton, 1990 J.D., Columbus School of Law, The Catholic University of America, 1993</p>

Complete amended pages in full, circle amended items and file with execution page (page 1).

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Schedule F of Form ADV
Continuation Sheet for Form ADV Part II

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

<input checked="" type="checkbox"/> Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>Professional Experience: Hartford Life Insurance Company, 2005-present Prudential Financial, Inc., 2003-2005 American Skandia, Inc., 1999-2003</p> <p><u>Vernon J. Meyer</u></p> <p>Title and Responsibilities: Senior Vice President</p> <p>Date of Birth: 04/16/1964</p> <p>Education: B.A., Trinity College, 1986 M.B.A., Rensselaer Polytechnic Institute, 1992</p> <p>Professional Experience: Hartford Life Insurance Company, 2004-present MassMutual, 1987-2004</p> <p><u>Jamie L. Ohl</u></p> <p>Title and Responsibilities: Manager</p> <p>Date of Birth: 08/13/1965</p> <p>Education: B.S., LeTourneau University, 1996</p> <p>Professional Experience: Hartford Life Insurance Company, 2006-present AIG VALIC, 2000-2006</p> <p><u>Colleen B. Pernerewski</u></p> <p>Title and Responsibilities: Chief Compliance Officer</p> <p>Date of Birth: 12/24/1969</p> <p>Education: B.S., University of Connecticut, 1991 J.D., University of Connecticut School of Law, 1996</p> <p>Professional Experience: Hartford Life Insurance Company, 1998-2004 and 2005-present Travelers Life and Annuity, 2004-2005</p> <p>Messrs. Arena, Macdonald, Meyer and Ms. Pernerewski also serve in comparable officer positions with HL Investment Advisors, LLC, an affiliated registered investment adviser of the Registrant.</p> <p style="text-align: center;">Item 7A <u>OTHER BUSINESS ACTIVITIES</u></p> <p>Because for funds other than The Checks and Balances Fund, Registrant supervises sub-advisers that it engages to manage the day to day investments of the funds, it is possible that</p>

Schedule F of Form ADV Continuation Sheet for Form ADV Part II

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

① Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>Registrant will not be able to actively manage any such funds should the investment sub-adviser cease to provide services to the funds. Generally, the investment sub-advisory agreements provide that the sub-adviser is not permitted to cease providing services until a replacement sub-adviser is appointed by Registrant.</p> <p>The Registrant provides ongoing supervisory oversight of sub-advisers by monitoring compliance with investment restrictions and guidelines, review of sub-adviser policies and practices, review of the sub-advisers' investment program, performance results and compliance reports on a quarterly basis, an annual review of the sub-advisers' results and capabilities and periodic due diligence reviews.</p> <p>Sub-advisers are selected based on a due diligence process that examines the firm's investment capabilities relative to its personnel, its investment process, and relative to the applicable investment account's requirements, compliance and control structure, proven track record, and stability and outlook of the firm's business model.</p> <p>Registrant also serves as principal underwriter for the Mutual Funds for which it also serves as investment manager.</p> <p style="text-align: center;">Item 8 C <u>OTHER FINANCIAL INDUSTRY AFFILIATIONS</u></p> <p>Hartford Equity Sales Company, Inc. and Hartford Securities Distribution Company, Inc., affiliates of the Registrant, are registered broker-dealers which serve as principal underwriters for registered variable annuity and variable life insurance contracts issued by Hartford Life Insurance Company and its affiliates, and affiliated mutual funds. In addition, Woodbury Financial Services, Inc. ("WFS") and Hartford Life Distributors, LLC (formerly PLANCO Financial Services, LLC), both registered broker-dealers and affiliates of the Registrant, provide retail brokerage services and wholesaling support, respectively, for products sponsored by affiliates of the Registrant.</p> <p>The Registrant is a subsidiary of HL Investment Advisors, LLC, which is ultimately owned by The Hartford Financial Services Group, Inc., a holding company for multiple property-casualty and life insurance companies. Hartford Investment Management Company ("Hartford Investment Management") and HL Investment Advisors, LLC ("HLIA"), affiliates of Registrant, are investment advisers registered under the Investment Advisers Act of 1940. Hartford Investment Management serves as investment adviser to registered investment companies, separately managed accounts, and provides investment management and advisory services for insurance companies under the ownership of The Hartford Financial Services Group, Inc. HLIA serves as investment manager to several registered investment companies and hedge funds sponsored by affiliates of The Hartford Financial Services Group, Inc.</p> <p style="text-align: center;">Item 9 <u>PARTICIPATION OR INTEREST IN CLIENT TRANSACTIONS</u></p> <p>From time to time, the Registrant or any other related person or any of their respective officers, principals or employees may have interests in securities owned or recommended to clients of the Registrant. For example, such parties may (1) purchase interests in private investment vehicles (e.g. the Hartford Hedge Funds managed by an affiliate of the Registrant) or (2) invest directly in mutual funds managed by the Registrant or through participation in Hartford's Investment Savings Plan (401k). Such investments may not be balanced among funds or</p>

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

① Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>strategies and accordingly, these situations may give rise to potential conflicts of interest. The Registrant has adopted policies and procedures relating to personal securities transactions and insider trading that are designed to prevent actual conflicts of interest.</p> <p style="text-align: center;"><u>Personal Securities Transactions and Insider Trading Policy</u></p> <p>The Registrant has adopted a Code of Ethics and Insider Trading Policy ("Code") based upon the principle that the officers, directors, and employees of the Registrant and other designated persons ("access persons") owe a fiduciary duty to its clients to conduct their affairs, including their personal securities transactions, in such manner to avoid (i) serving their own personal interests ahead of clients, (ii) taking inappropriate advantage of their position with the Registrant, and (iii) any actual or potential conflicts of interest or any abuse of their position of trust and responsibility.</p> <p>The Registrant's Code establishes policies and procedures to monitor personal trading activities as well as policies and procedures reasonably designed to prevent insider trading and the misuse of material nonpublic information.</p> <p>Each access person of the Registrant receives a copy of the Registrant's Code upon determination of their status as an access person and is required to complete: training regarding the Code, an initial certification and a listing of all Reportable Securities, as defined in the Code, currently owned in which the access person has a direct or indirect beneficial ownership, and a list of any or all brokerage accounts in which the access person has a direct or indirect beneficial ownership.</p> <p>At the end of every calendar year, every access person of the Registrant completes an annual certification which is submitted to the Registrant within 45 days of the end of the year.</p> <p>At the end of each calendar quarter, every access person of the Registrant completes a quarterly report of all transactions in Reportable Securities which is submitted to the Registrant within 30 days of the end of the quarter.</p> <p>Each access person must receive prior written approval before purchasing initial public offerings and limited offerings, as defined in the Code.</p> <p style="text-align: center;"><u>PARTICIPATION OR INTEREST IN ADVISORY CLIENT TRANSACTIONS FOR REGISTRANT'S AFFILIATED ADVISERS</u></p> <p>Based on the organization of Registrant's ultimate parent company, The Hartford Financial Services Group Inc., Registrant is under common control with HLIA, Hartford Investment Management and WFS, also investment advisers registered under the Investment Advisers Act of 1940. Each affiliate operates as a separate and distinct line of business. Disclosures related to these affiliates can be found in their respective Form ADV Part II.</p> <p style="text-align: center;"><u>Item 12 INVESTMENT OR BROKERAGE DISCRETION</u></p> <p>In its capacity as investment manager to the Mutual Funds, other than The Checks and Balances Fund, Registrant supervises sub-advisers that perform the day to day investment management activities for the Mutual Funds. Registrant reviews the brokerage and trading policies of its sub-advisers and does not directly buy and sell securities for its managed accounts.</p>

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

① Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>With respect to the The Checks and Balances Fund, the purchase and sale of shares transacted are not done through a broker and do not entail any commissions.</p> <p>Registrant administers a commission recapture program under which Registrant, subject to best execution, instructs certain of the Mutual Funds' sub-advisers to direct certain brokerage transactions to broker-dealers. The commissions are used to defray fund expenses for the Mutual Funds.</p> <p style="text-align: center;"><u>INVESTMENT OR BROKERAGE DISCRETION FOR REGISTRANT'S AFFILIATED ADVISERS</u></p> <p>Based on the organization of Registrant's ultimate parent company, The Hartford Financial Services Group Inc., Registrant is under common control with HLIA, Hartford Investment Management WFS, also investment advisers registered under the Investment Advisers Act of 1940. Each affiliate operates as a separate and distinct line of business. Disclosures related to these affiliates can be found in their respective Form ADV Part II.</p> <p style="text-align: center;"><u>Item 13 A&B ADDITIONAL COMPENSATION AND REFERRAL ARRANGEMENTS FOR REGISTRANT'S AFFILIATED ADVISERS</u></p> <p>Based on the organization of Registrant's ultimate parent company, The Hartford Financial Services Group Inc., Registrant is under common control with HLIA, Hartford Investment Management WFS, also investment advisers registered under the Investment Advisers Act of 1940. Each affiliate operates as a separate and distinct line of business. Disclosures related to these affiliates can be found in their respective Form ADV Part II.</p> <p style="text-align: center;">Certain Litigation Proceedings</p> <p>The following disclosures are the litigation disclosures contained in the most recent regular or periodic filing (Form 10K, Form 10Q or Form 8K, as applicable) as filed with the Securities and Exchange Commission by The Hartford Financial Services Group, Inc., (together with its subsidiaries, "The Hartford" or the "Company"), an advisory affiliate of the Registrant.</p> <p>Litigation Matters</p> <p>The Hartford is involved in claims litigation arising in the ordinary course of business, both as a liability insurer defending or providing indemnity for third-party claims brought against insureds and as an insurer defending coverage claims brought against it. The Hartford accounts for such activity through the establishment of unpaid loss and loss adjustment expense reserves. Subject to the uncertainties discussed below under the caption "Asbestos and Environmental Claims," management expects that the ultimate liability, if any, with respect to such ordinary-course claims litigation, after consideration of provisions made for potential losses and costs of defense, will not be material to the consolidated financial condition, results of operations or cash flows of The Hartford.</p> <p>The Hartford is also involved in other kinds of legal actions, some of which assert claims for substantial amounts. These actions include, among others, putative state and federal class actions seeking certification of a state or national class. Such putative class actions have alleged, for example, underpayment of claims or improper underwriting practices in connection with various kinds of insurance policies, such as personal and commercial automobile, property, life and inland marine; improper sales practices in connection with the sale of life insurance and</p>

Schedule F of Form ADV
Continuation Sheet for Form ADV Part II

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1 Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>other investment products; and improper fee arrangements in connection with investment products and structured settlements. The Hartford also is involved in individual actions in which punitive damages are sought, such as claims alleging bad faith in the handling of insurance claims. Like many other insurers, The Hartford also has been joined in actions by asbestos plaintiffs asserting, among other things, that insurers had a duty to protect the public from the dangers of asbestos and that insurers committed unfair trade practices by asserting defenses on behalf of their policyholders in the underlying asbestos cases. Management expects that the ultimate liability, if any, with respect to such lawsuits, after consideration of provisions made for estimated losses, will not be material to the consolidated financial condition of The Hartford. Nonetheless, given the large or indeterminate amounts sought in certain of these actions, and the inherent unpredictability of litigation, an adverse outcome in certain matters could, from time to time, have a material adverse effect on The Hartford's consolidated results of operations or cash flows in particular quarterly or annual periods.</p> <p>Broker Compensation Litigation — Following the New York Attorney General's filing of a civil complaint against Marsh & McLennan Companies, Inc., and Marsh, Inc. (collectively, "Marsh") in October 2004 alleging that certain insurance companies, including The Hartford, participated with Marsh in arrangements to submit inflated bids for business insurance and paid contingent commissions to ensure that Marsh would direct business to them, private plaintiffs brought several lawsuits against The Hartford predicated on the allegations in the Marsh complaint, to which The Hartford was not party. Among these is a multidistrict litigation in the United States District Court for the District of New Jersey. There are two consolidated amended complaints filed in the multidistrict litigation, one related to conduct in connection with the sale of property-casualty insurance and the other related to alleged conduct in connection with the sale of group benefits products. The Hartford and various of its subsidiaries are named in both complaints. The complaints assert, on behalf of a putative class of persons who purchased insurance through broker defendants, claims under the Sherman Act, the Racketeer Influenced and Corrupt Organizations Act ("RICO"), state law, and in the case of the group benefits complaint, claims under the Employee Retirement Income Security Act of 1974 ("ERISA"). The claims are predicated upon allegedly undisclosed or otherwise improper payments of contingent commissions to the broker defendants to steer business to the insurance company defendants. The district court has dismissed the Sherman Act and RICO claims in both complaints for failure to state a claim and has granted the defendants' motions for summary judgment on the ERISA claims in the group-benefits products complaint. The district court further has declined to exercise supplemental jurisdiction over the state law claims, has dismissed those state law claims without prejudice, and has closed both cases. The plaintiffs have appealed the dismissal of the claims in both consolidated amended complaints, except the ERISA claims.</p> <p>The Hartford is also a defendant in two consolidated securities actions and two consolidated derivative actions filed in the United States District Court for the District of Connecticut. The consolidated securities actions assert claims on behalf of a putative class of shareholders alleging that The Hartford and certain of its executive officers violated Section 10(b) of the Securities Exchange Act of 1934 and Rule 10b-5 by failing to disclose to the investing public that The Hartford's business and growth was predicated on the unlawful activity alleged in the New York Attorney General's complaint against Marsh. The consolidated derivative actions, brought by shareholders on behalf of The Hartford against its directors and an additional executive officer, allege that the defendants knew adverse non-public information about the activities alleged in the Marsh complaint and concealed and misappropriated that information to make profitable stock trades in violation of their duties to The Hartford. In July 2006, the district court granted defendants' motion to dismiss the consolidated securities actions, and the plaintiffs appealed. In November 2008, the United States Court of Appeals for the Second Circuit vacated the decision and remanded the case to the district court. In May 2009, the parties reached an</p>

Schedule F of Form ADV
Continuation Sheet for Form ADV Part II

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1 Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>agreement in principle to settle the consolidated securities actions for an immaterial amount. A stipulation of settlement was executed and preliminarily approved by the district court in September 2009. The settlement is subject to final approval of the court. Defendants filed a motion to dismiss the consolidated derivative actions in May 2005. In July 2009, the parties reached an agreement in principle to settle the consolidated derivative actions for an immaterial amount, subject to the execution of a written settlement agreement and approval of the court.</p> <p>In September 2007, the Ohio Attorney General filed a civil action in Ohio state court alleging that certain insurance companies, including The Hartford, conspired with Marsh in violation of Ohio's antitrust statute. The trial court denied defendants' motion to dismiss the complaint in July 2008. The Hartford disputes the allegations and intends to defend this action vigorously.</p> <p>Investment and Savings Plan ERISA Class Action Litigation — In November and December 2008, following a decline in the share price of The Hartford's common stock, seven putative class action lawsuits were filed in the United States District Court for the District of Connecticut on behalf of certain participants in The Hartford's Investment and Savings Plan ("the Plan"), which offers The Hartford's common stock as one of many investment options. These lawsuits have been consolidated, and a consolidated amended class-action complaint was filed on March 23, 2009, alleging that The Hartford and certain of its officers and employees violated ERISA by allowing the Plan's participants to invest in The Hartford's common stock and by failing to disclose to the Plan's participants information about The Hartford's financial condition. The lawsuit seeks restitution or damages for losses arising from the investment of the Plan's assets in The Hartford's common stock during the period from December 10, 2007 to the present. The Hartford has moved to dismiss the consolidated amended complaint.</p> <p>Structured Settlement Class Action — In October 2005, a putative nationwide class action was filed in the United States District Court for the District of Connecticut against The Hartford and several of its subsidiaries on behalf of persons who had asserted claims against an insured of a Hartford property & casualty insurance company that resulted in a settlement in which some or all of the settlement amount was structured to afford a schedule of future payments of specified amounts funded by an annuity from a Hartford life insurance company ("Structured Settlements"). The operative complaint alleges that since 1997 The Hartford has systematically deprived the settling claimants of the value of their damages recoveries by secretly deducting 15% of the annuity premium of every Structured Settlement to cover brokers' commissions, other fees and costs, taxes, and a profit for the annuity provider, and asserts claims under the Racketeer Influenced and Corrupt Organizations Act ("RICO") and state law. The plaintiffs seek compensatory damages, punitive damages, pre-judgment interest, attorney's fees and costs, and injunctive or other equitable relief. The Hartford vigorously denies that any claimant was misled or otherwise received less than the amount specified in the structured-settlement agreements. In March 2009, the district court certified a class for the RICO and fraud claims composed of all persons, other than those represented by a plaintiffs' broker, who entered into a Structured Settlement since 1997 and received certain written representations about the cost or value of the settlement. The district court declined to certify a class for the breach-of-contract and unjust-enrichment claims. The Hartford's petition to the United States Court of Appeals for the Second Circuit for permission to file an interlocutory appeal of the class-certification ruling was denied in October 2009.</p> <p>Fair Credit Reporting Act Class Action — In February 2007, the United States District Court for the District of Oregon gave final approval of The Hartford's settlement of a lawsuit brought on behalf of a class of homeowners and automobile policy holders alleging that The Hartford willfully violated the Fair Credit Reporting Act by failing to send appropriate notices to new customers whose initial rates were higher than they would have been had the customer had a</p>

Schedule F of Form ADV
Continuation Sheet for Form ADV Part II

Applicant: Hartford Investment Financial Services, LLC	SEC File Number: 801- 53584	Date: 11/12/2009
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(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1 Full name of applicant exactly as stated in Item 1A of Part I of Form ADV: Hartford Investment Financial Services, LLC	IRS Empl. Ident. No.: 06-1472211
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Item of Form (identify)	Answer
	<p>more favorable credit report. The Hartford paid approximately \$84.3 to eligible claimants and their counsel in connection with the settlement, and sought reimbursement from The Hartford's Excess Professional Liability Insurance Program for the portion of the settlement in excess of The Hartford's \$10 self-insured retention. Certain insurance carriers participating in that program disputed coverage for the settlement, and one of the excess insurers commenced an arbitration that resulted in an award in The Hartford's favor and payments to The Hartford of approximately \$30.1, thereby exhausting the primary and first-layer excess policies. In June 2009, the second-layer excess carriers commenced an arbitration to resolve the dispute over coverage for the remainder of the amounts paid by The Hartford. Management believes it is probable that The Hartford's coverage position ultimately will be sustained.</p> <p>Asbestos and Environmental Claims — As discussed in Note 12, Commitments and Contingencies, of the Notes to Consolidated Financial Statements under the caption "Asbestos and Environmental Claims", included in The Hartford's 2008 Form 10-K Annual Report, The Hartford continues to receive asbestos and environmental claims that involve significant uncertainty regarding policy coverage issues. Regarding these claims, The Hartford continually reviews its overall reserve levels and reinsurance coverages, as well as the methodologies it uses to estimate its exposures. Because of the significant uncertainties that limit the ability of insurers and reinsurers to estimate the ultimate reserves necessary for unpaid losses and related expenses, particularly those related to asbestos, the ultimate liabilities may exceed the currently recorded reserves. Any such additional liability cannot be reasonably estimated now but could be material to The Hartford's consolidated operating results, financial condition and liquidity.</p> <p>Shareholder Demand — Like the boards of directors of many other companies, The Hartford's board of directors (the "Board") has received a demand from SEIU Pension Plans Master Trust, which purports to be a current holder of The Hartford's common stock. The demand requests the Board to bring suit to recover alleged excessive compensation paid to senior executives of The Hartford from 2005 through the present and to change The Hartford's executive compensation structure. The Board is conducting an investigation of the allegations in the demand.</p>