

**North Carolina Security Breach Reporting Form
Pursuant to the Identity Theft Protection Act of 2005**

Name of Business Owning or Licensing Information Affected
by the Breach: Hartford Life Insurance Company
Address: 200 Hopmeadow St., Simsbury, CT 06089

**PLEASE SUBMIT FORM
TO:** Consumer Protection
Division NC Attorney
General's Office 9001 Mail
Service Center Raleigh, NC
27699-90th Telephone:
(919) 716-6000 Toll Free in
NC: (877) 566-7226 FAX:

Telephone: 860-843-4057
Fax: 860-392-6403
Email: dhampson@hartfordlife.com

Date Security Breach Reporting Form 9/12/2007
submitted: Date the Security Breach was 8/29/2007
discovered: Estimated number of affected 526
individuals: Estimated number of NC 3

Name of business maintaining or possessing information that was the subject of the Security Breach, if the business that experienced the Security Breach is not the same entity as the business reporting the Security Breach (pursuant to N.C.G.S. y 75-65(b):

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format:

We recently detected a third party accessing certain customer's contract information through our website. In order to gain this access, we believe that the third party had in his possession and was able to input the customer's Social Security Number, date of birth and annuity contract number. At this time, we believe that there have been no unauthorized withdrawals or other financial activity involving any impacted customer's annuity contract. A total of 3 North Carolina residents were impacted by this situation.

We have also contacted law enforcement and advised them of this situation and we are offering the impacted customers the opportunity to enroll in credit monitoring services.

Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. If so, please describe the security measures protecting the information:

The individual accessing the accounts had in his/her possession the customer's social security number, date of birth and annuity contract number and by having this information was able to reset the customer's PIN and access the customer's account.

Describe any measures taken to prevent a similar Security Breach from occurring in the future:

In order to help ensure the security of the customer's account, we have restricted access to the contract. Because of these restrictions we will require customers to call us when they are seeking information about their contract and we will ask you some additional authentication questions.

Date affected NC residents were/will be notified:

8/31/2007

If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c):

No delay

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified?

written notice

(pursuant to N.C.G.S. § 75-65(e))

electronic notice (email)

Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

telephone notice

substitute notice

Signature: Deb Hampson

Date: 9-12-2007

Contact Person, Title: Deb Hampson, Assistant Vice President and Senior Counsel

Address:

(if different from above) _____

Telephone: 860-943-4057 Fax: 860-392-6463 Email: dhampson@hertford1.fc.com