HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)
will pay benefits according to the terms and conditions of The Policy.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries.

AMENDMENT TO GROUP POLICY GLT-920887 PROCESSED ON SEPTEMBER 5, 2023. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JULY 1, 2023. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Name of Policyholder: Hastings Independent School District #200

Policy Number:
GLT-920887

Policy Effective Date:
July 1, 2023

Place of Delivery:
Minnesota

Anniversary Date:
July 1 of each year, beginning in 2024

Premium Due Dates:
Monthly, on the 15th day of each Policy month

Signed for The Company

Lisa Levin, *Secretary*

Michael Concannon, *President*

Countersigned by.....
Licensed Resident Agent or Registrar

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SCHEDULE OF INSURANCE

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The Policy.

1) Long Term Disability Insurance

The Schedule(s) of Insurance will address the:

1) benefit amounts and maximum limits;
2) eligibility and effective date requirements; and
3) other schedule amounts and limits;

which apply to the employees of the Policyholder.

PREMIUM PROVISIONS

Initial Monthly Premium Rates
The initial monthly premium rates to be charged are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

For Long Term Disability Benefits, the amount of an employee's Pre-disability Earnings which is disregarded in determining his or her Monthly Benefit because of the Maximum Monthly Benefit limitation will also be disregarded in determining the amount of the total insured payroll.

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	**Use a Conversion Factor of:**
-- annual rates	11.8227
-- semi-annual rates	5.9557
-- quarterly rates	2.9852

Grace Period
Unless The Company provides the Policyholder written notice of its intention not to renew The Policy in accordance with the **Termination of Policy** provision, at least five days prior to the Premium Due Date, the Company will allow the Policyholder a 45 day grace period for the payment of all premiums after the first. During this 45 day period, The Policy will stay in force. If the owed premium is not paid by the 45th day, The Policy will automatically terminate. The Company will reinstate The Policy upon receipt of all current and delinquent premiums within 10 days from the termination date. If the Policyholder gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

Monthly Premium Rate Guarantee
Initial Monthly Premium Rates are guaranteed as follows:

Benefit	**Rate Guarantee Period**
Long Term Disability Benefits	until July 01, 2026

Subject to the Rate Guarantee Period shown above, The Company has the right to change premium rates on any premium due date if:

1) written notice is delivered to the Policyholder's last address on record; and
2) the change is effective at least 31 days after the date of notice.

The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if:

1) there is a change in The Policy;
2) there is any change to state or federal law or inaction by state or federal law makers which affects The Company's liability under The Policy on a temporary or permanent basis;
3) Social Security Disability benefits are reduced or eliminated on a temporary or permanent basis due to the actual or threatened insolvency of the Social Security Disability Insurance Trust Fund;
4) there is a 10% increase or decrease in the number of insured Employees;
5) the Policyholder adds or deletes a subsidiary or affiliated business entity; or
6) there has been a material misstatement in the reported experience during the pre-sale process.

The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The Policy.

PREMIUM PROVISIONS

Calculation
Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:
1) the day the coverage is effective, if it is also the first day of a policy month; or
2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

Premiums may be calculated by any other method which both The Company and the Policyholder agree to in writing.

Premium Payments
Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. The pre-payment of premiums for a particular period by the Policyholder is not a guarantee that The Policy will remain in force.

All premiums due under The Policy shall be remitted by the Policyholder or the Policyholder's designee to The Company on or before the due date.

PREMIUM SCHEDULE

Long Term Disability Benefits	$.26 per $100 of covered payroll

POLICY PROVISIONS

Entire Contract
The contract between the parties consists of:
1) The Policy;
2) any Certificate(s) of Insurance incorporated and made a part of The Policy;
3) any riders issued in connection with such Certificate(s) of Insurance;
4) the Policyholder's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
5) any individual application submitted by the Employee and accepted by The Company in connection with The Policy.

All statements made by the Policyholder, or persons insured under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

Incontestability
If Your age was not stated accurately:
1) Your premium may be adjusted; and
2) the true facts will be used to determine if, and for what amount, coverage should have been in force.

No statement, except fraudulent misstatements, made by You relating to Your insurability will be used to contest the insurance for which the statement was made after the insurance has been in force for two years during Your lifetime. In order to be used, the statement must be in writing and signed by You.

All statements made by the Policyholder, the Employer or You under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or Your representative.

No claim for loss incurred or Disability commencing after two years from the date of issue of The Policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage of The Policy.

Changes
The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Policyholder 31 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The Policy.

All Active Employee must be notified of any changes in benefits made by the Policyholder.

Clerical Error
Clerical error (whether by the Policyholder, the Plan Administrator, or The Company) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy.

Conformity with Law
If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:
1) will be effective as of the date of the change to the state or federal law; and
2) will not be made until The Company gives the Policyholder 31 days notice.

Termination of Policy
The Company may terminate The Policy for the following reasons by giving the Policyholder 31 days written notice:
1) the Policyholder fails to furnish any information which The Company may reasonably require;
2) the Policyholder fails to perform any of its other obligations pertaining to this Policy;
3) Less than 100% of the persons eligible for coverage on a Non-contributory basis are insured;

4) Less than 25% of the persons eligible for coverage on a Contributory basis are insured; or
5) Fewer than 10 persons are insured.

In addition, The Company may terminate this Policy on any premium due date after The Policy has been in force for 12 months by providing 31 days written notice.

POLICY PROVISIONS

Certificate(s) of Insurance
The Company will give individual Certificate(s) of Insurance to:
1) the Policyholder; or
2) any other person according to a mutual agreement among the other person, the Policyholder, and The Company;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

Data To Be Furnished
The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of The Policy.

The Policyholder will, upon our request, give The Company:
1) the names of all persons initially eligible for coverage;
2) the names of all additional persons who become eligible for coverage;
3) the names of all persons whose amount of insurance is to be changed;
4) the names of all persons whose eligibility or insurance is terminated; and
5) any data necessary to administer the insurance provided by The Policy.

If the Policyholder gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

Right to Audit
The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:
1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous 2 year period.

Not in Lieu of Worker's Compensation
This Policy does not satisfy any requirement for worker's compensation insurance.

Time Period
All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

Disclosure of Fees
The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

INCORPORATION PROVISION

The Certificate(s) of Insurance and Rider(s) and Policy Changes listed below are attached to, incorporated in and made a part of, The Policy.

Certificate(s) of Insurance
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 1.03
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 3.02
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 9.02
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 10.0
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 11.0
Form GBD-1200 (10/08) EM.1 (MN) (920887) GLT 12.0

The provisions found in the Certificate(s) of Insurance will address the benefit plan, period of coverage, exclusions, claims and other general policy provisions pertaining to state insurance law requirements.

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HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

One Hartford Plaza, Hartford, Connecticut 06155
(A stock insurance company, herein called The Company)
will pay benefits according to the terms and conditions of The Policy.

AMENDMENT TO GROUP POLICY GL-920887 PROCESSED ON SEPTEMBER 5, 2023. ANY CHANGES BETWEEN THIS POLICY AND THE PREVIOUSLY ISSUED POLICY ARE EFFECTIVE JULY 1, 2023. ALL OTHER TERMS CONDITIONS AND DATES REMAIN UNCHANGED.

Name of Policyholder: Hastings Independent School District #200

Policy Number:
GL-920887

Policy Effective Date:
July 1, 2023

Place of Delivery:
Minnesota

Anniversary Date:
July 1 of each year, beginning in 2024

Premium Due Dates:
Monthly, on the first day of each policy month

Signed for The Company

Kevin Barnett, *Secretary*

Jonathan Bennett, *President*

Countersigned by.....
Licensed Resident Agent or Registrar

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SCHEDULE OF INSURANCE

The Schedule(s) of Insurance for The Policy benefits listed below are shown in the Certificate(s) of Insurance, as incorporated into The Policy.

1) Basic Life Insurance
2) Supplemental Life Insurance
3) Basic Accidental Death and Dismemberment Benefit
4) Dependent Life Insurance

The Schedule(s) of Insurance will address the:

1) benefit amounts and maximum limits;
2) eligibility and effective date requirements; and
3) other schedule amounts and limits;

which apply to the employees of the Policyholder.

PREMIUM PROVISIONS

Initial Monthly Premium Rates
The initial monthly premium rates to be charged for employee coverage and/or child/spouse coverage, if applicable, are shown on the following page(s).

The first premium is due and payable on the effective date of The Policy. Subject to The Policy's grace period provision, all premiums after the first must be paid when or before they are due.

Premiums are based on the employee's age on his or her effective date and thereafter the Policy Anniversary date on or next following the month in which his or her birthday occurs.

The Initial Monthly Premium Rates may be converted as follows:

To Convert Rates to:	**Use a Conversion Factor of:**
--annual rates	11.8227
--semi-annual rates	5.9557
--quarterly rates	2.9852

Grace Period
The Company will allow the Policyholder a 45 day grace period for the payment of all premiums after the first. During this 45 day period, The Policy will stay in force. If the owed premium is not paid by the 45th day, The Policy will automatically terminate. The Company will reinstate The Policy upon receipt of all current and delinquent premiums within 10 days from the termination date. If the Policyholder gives The Company written advance notice of an earlier cancellation date, The Policy will terminate on the earlier date. Premium is due for each day The Policy is in force.

Monthly Premium Rate Guarantee
Initial Monthly Premium Rates are guaranteed as follows:

Benefit	**Rate Guarantee Period**
Basic Life Insurance	until July 01, 2026
Supplemental Life Insurance	until July 01, 2026
Basic Dependent Life Insurance	until July 01, 2026
Supplemental Dependent Life Insurance	until July 01, 2026
Basic Accidental Death and Dismemberment Benefit	until July 01, 2026

Subject to the Rate Guarantee Period shown above, The Company has the right to change premium rates on any premium due date if:

1) written notice is delivered to the Policyholder's last address on record; and
2) the change is effective at least 31 days after the date of notice.

The Rate Guarantee Period supersedes only those provisions appearing elsewhere in this Policy which give The Company the right to change the premium rates, and then, only for the period of time for which the rates are guaranteed. However, The Company may change the premium rates during the Rate Guarantee Period if there is a change in The Policy, or if there is a 10% increase or decrease in the number of insured Employees, or if the Policyholder adds or deletes a subsidiary or affiliated business entity. The Company may also change the premium rates during the Rate Guarantee Period if there has been a material misstatement in the reported experience during the pre-sale process. The Rate Guarantee Period in no way affects, amends or supersedes any other provision in The Policy.

PREMIUM PROVISIONS

Calculation
Premiums may be calculated by multiplying the rate times the applicable number of units of coverage.

If any insurance is added, increased or becomes effective after The Policy is in force, the premium charges will begin on:
1) the day the coverage is effective, if it is also the first day of a policy month; or
2) the first day of the next policy month.

For insurance which is terminated, premium charges will stop as of the first day of the next policy month.

With respect to Dependent Life Insurance only, the premium rate per Dependent unit or per $1,000 of insurance, whichever is applicable, will be based on actuarial assumptions, due to the difficulty in obtaining the ages of all Dependents who are covered under this benefit. The actuarial assumptions will produce, in the opinion of The Company, the same total amount of premium as would be obtained by the use of the actual ages of the Dependents covered.

Premiums may be calculated by any other method which both The Company and the Policyholder agree to in writing.

Premium Payments
Premium payments are due and payable in full to a place designated by The Company or, with respect to the initial premium payment, premium payments may be made to an authorized agent of The Company. The pre-payment of premiums for a particular period by the Policyholder is not a guarantee that The Policy will remain in force.

PREMIUM SCHEDULE

Basic Life Insurance

$.065 per $1,000

Supplemental Life Insurance

For each $1,000 of Supplemental Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

Employee Age	Rate
0-24	$.06
25-29	$.06
30-34	$.08
35-39	$.10
40-44	$.13
45-49	$.20
50-54	$.31
55-59	$.56
60-64	$.78
65-69	$1.95
70-74	$2.06
75-120	$2.06

Basic Dependent Life Insurance

$2.065 per dependent unit

Supplemental Dependent Life Insurance

For each $1,000 of Supplemental Dependent Life Insurance the monthly premium rate shall be determined in accordance with the employee's age as follows:

Employee Age	Rate
0-24	$.06
25-29	$.06
30-34	$.08
35-39	$.10
40-44	$.13
45-49	$.20
50-54	$.31
55-59	$.56
60-64	$.78
65-69	$1.95
70-74	$2.06
75-120	$2.06

Basic Accidental Death & Dismemberment Insurance

$.015 per $1,000

POLICY PROVISIONS

Entire Contract
The contract between the parties consists of:

1) The Policy;
2) any Certificate(s) of Insurance incorporated and made a part of The Policy;
3) any riders issued in connection with such Certificate(s) of Insurance;
4) the Policyholder's application, if any, a copy of which is attached to and made a part of The Policy when issued; and
5) any individual application submitted by the Employee and accepted by The Company in connection with The Policy.

All statements made by the Policyholder or persons insured under The Policy will be deemed representations and not warranties. No statement made to affect this insurance will be used in any contest unless it is in writing and a copy of it is given to the person who made it, or to his or her beneficiary or personal representative.

Incontestability
Except for non-payment of premium, the insurance provided by The Policy cannot be contested after such insurance has been in effect for a period of 2 years.

Changes
The Company reserves the right to make changes in The Policy, after The Policy has been in force for 12 months. The Company will give the Policyholder 31 days advance written notice of any change. No agent has authority to change or waive any part of The Policy. To be valid, any change or waiver must be in writing, approved by one of our officers and made a part of The Policy.

All Active Employees must be notified of any changes in benefits made by the Policyholder.

Clerical Error
Clerical error (whether by the Policyholder, the Plan Administrator, or The Company) in keeping the records having to do with The Policy, or delays in making entries on the records, will not void the insurance of any person if that insurance would otherwise have been in effect. A clerical error will not extend the insurance of any person if that insurance would otherwise have ended or been reduced as provided by The Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and The Policy.

Conformity with Law
If any provision of The Policy is contrary to the law of the jurisdiction in which it is delivered, such provision is hereby amended to conform to that law. If any change to state or federal law, including but not limited to the Federal Social Security Act, affects The Company's liability under The Policy, The Company may change The Policy, the premiums or both. Such change:

1) will be effective as of the date of the change to the state or federal law; and
2) will not be made until The Company gives the Policyholder 31 days notice.

Termination of Policy
The Company may terminate The Policy for the following reasons by giving the Policyholder 31 days written notice:

1) the Policyholder fails to furnish any information which The Company may reasonably require;
2) the Policyholder fails to perform any of its other obligations pertaining to this Policy;
3) Less than 100% of the persons eligible for coverage on a Non-contributory basis are insured;
4) Less than 25% of the persons eligible for coverage on a Contributory basis are insured; or
5) Fewer than 10 persons are insured.

In addition, The Company may terminate this Policy on any premium due date after The Policy has been in force for 12 months by providing 31 days written notice. If The Policy is terminated, the Policyholder is responsible for providing notice to insureds of their right to convert under The Policy.

The Company reserves the right to terminate Dependent Life Insurance Benefits on any premium due date on which:

1) there are fewer than 10 persons insured for Dependent coverage; or
2) less than 25% of the persons eligible for Dependent coverage on a Contributory basis are insured.

The Company shall give the Policyholder 31 days notice of its intent to terminate the Dependent Life Insurance Benefit.

If The Company cancels, The Company will mail or deliver the notice to the Policyholder at its last address shown in our records.

POLICY PROVISIONS

Certificate(s) of Insurance
The Company will give individual Certificate(s) of Insurance to:
1) the Policyholder; or
2) any other person according to a mutual agreement among the other person, the Policyholder, and The Company;

for delivery to persons covered under The Policy and which will explain the important features of The Policy.

Data To Be Furnished
The Policyholder, or any other person designated by the Policyholder, will give The Company all information The Company needs regarding matters pertaining to the insurance. At any reasonable time while The Policy is in force and for 12 months after that, The Company may inspect any of the Policyholder's documents, books, or records which may affect the insurance or premiums of The Policy.

The Policyholder will, upon our request, give The Company:
1) the names of all persons initially eligible for coverage;
2) the names of all additional persons who become eligible for coverage;
3) the names of all persons whose amount of insurance is to be changed;
4) the names of all persons whose eligibility or insurance is terminated; and
5) any data necessary to administer the insurance provided by The Policy.

If the Policyholder gives The Company any incorrect information, the relevant facts will be determined to establish if insurance is in effect and in what amount.

No person will be deprived of insurance to which he is otherwise entitled or have insurance to which he is not entitled, because of any misstatement of fact by the Policyholder. Any required adjustment may be made in premiums or benefits.

Right to Audit
The Company reserves the right to audit, once every 2 years, the Policyholder's billing records and premium accounting practices. If The Company discovers:
1) an underpayment of premium by the Policyholder, the Policyholder will be obligated to remit, in a timely manner, the underpayment amount; or
2) an overpayment of premium, The Company will return any overpayment amount in a timely manner;

for the previous 2 year period.

Not in Lieu of Worker's Compensation
This Policy does not satisfy any requirement for worker's compensation insurance.

Time Period
All periods begin and end at 12:01 A.M., standard time, at the Policyholder's address.

Disclosure of Fees
The Company may reduce or adjust premiums, rates, fees and/or other expenses for programs under The Policy.

Disclosure of Services
In addition to the insurance coverage, The Company may offer noninsurance benefits and services to Active Employees.

INCORPORATION PROVISION

The Certificate(s) of Insurance and Rider(s) and Policy Change(s) listed below are attached to, incorporated in and made a part of, The Policy.

Certificate(s) of Insurance
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 1.03
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 2.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 3.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 4.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 5.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 6.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 7.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 8.02
Form GBD-1100 (10/08) (MN) (Rev-2) (920887) GL 9.02

HARTFORD LIFE INSURANCE COMPANY
HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY
HARTFORD FIRE INSURANCE COMPANY
HARTFORD, CONNECTICUT 06104-2999
Telephone Number (860) 547-5000

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION LAW

If the insurer that issued your life, annuity or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, **SUBJECT TO LIMITS AND EXCLUSIONS**, in the event the insurer becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life & Health Insurance Guaranty Association
4760 White Bear Parkway Suite 101
White Bear Lake, MN 55110
Telephone: (651) 407- 3149

The maximum amount the Guaranty Association will pay for all policies issued on one life by the same insurer is limited to $500,000. Subject to this $500,000 limit, the Guaranty Association will pay up to $500,000 in life insurance death benefits, $130,000 in net cash surrender and net cash withdrawal values for life insurance, $500,000 in health insurance benefits, including any net cash surrender and net cash withdrawal values, $250,000 in annuity net cash surrender and net cash withdrawal values, $410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be $500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b) or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to $250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the association shall not be responsible for more than $10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed $10,000,000, the $10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the Guaranty Association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment.

(continued on next page)

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY OR HEALTH INSURANCE POLICIES OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. **THIS NOTICE IN NO WAY IMPLIES THAT HARTFORD LIFE INSURANCE COMPANY OR HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY OR HARTFORD FIRE INSURANCE COMPANY CURRENTLY HAVE ANY TYPE OF FINANCIAL PROBLEMS.** ALL LIFE, ANNUITY AND HEALTH INSURANCE POLICIES ARE REQUIRED TO PROVIDE THIS NOTICE.