

SERFF Tracking Number: HRTD-125629650 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 38975
Company Tracking Number: 137681(04/08)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: 137681(04/08)
Project Name/Number: 137681(04/08) - Variable Annuity Application/137681(04/08)

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 137681(04/08) SERFF Tr Num: HRTD-125629650 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 38975

Variable and Variable

Sub-TOI: A02.11.002 Flexible Premium

Co Tr Num: 137681(04/08)

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Michele Michaud, Paul

Disposition Date: 05/15/2008

Moreira, Marylou Tripp, Nora

Baranowski

Date Submitted: 05/12/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 137681(04/08) - Variable Annuity Application

Status of Filing in Domicile: Pending

Project Number: 137681(04/08)

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our domiciliary state is MN and currently pending approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/15/2008

State Status Changed: 05/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: ReliaStar Life Insurance Company,

NAIC #229-67105, FEIN # 41-0451140

Application Form: 137681 (04/08)

SERFF Tracking Number: HRTD-125629650 State: Arkansas
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On behalf of ReliaStar Life Insurance Company (RLIC), the above-captioned form is being submitted for your review and approval. It does not contain any unusual or possibly controversial items from normal company or industry standards.

This application will be used with individual variable annuities approved by your Department.

Form 137681 (04/08) will replace form 137681, approved by your Department on 12/22/05. The form has been revised to include minor changes due to the 403(b) regulation changes and other minor modifications. A Statement of Variability is attached which explains the bracketing included within the body of the application.

We would like to begin using this application immediately upon approval; therefore, your earliest review would be appreciated.

This application is submitted in final printed form, subject to only minor modification in paper stock, ink, border, company logo, and adaptation to computer printing and the possible inclusion of a barcode. The above form have been filed with our domiciliary state of Minnesota. Please be advised that the Variable Annuity Application has achieved a 50.2 Flesch readability score.

We appreciate all your help and attention to this filing. Please do not hesitate to call me if you have any other questions or need any additional information to help assist in your review at (860) 723-2276, or toll free at (800) 654-8065 (Ext. 32276) or Email: Marylou.Tripp@US.ING.COM.

Company and Contact

Filing Contact Information

Marylou Tripp, Contract Consultant
One Orange Way
Windsor, CT 06095

Marylou.Tripp@us.ing.com
(860) 580-2854 [Phone]
(860) 580-4844[FAX]

Filing Company Information

ReliaStar Life Insurance Company
One Orange Way
Windsor, CT 06095
(800) 654-8065 ext. [Phone]

CoCode: 67105
Group Code: 229
Group Name:
FEIN Number: 41-0451140

State of Domicile: Minnesota
Company Type:
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$75.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$75.00	05/12/2008	20263603

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/15/2008	05/15/2008

SERFF Tracking Number: HRTD-125629650 *State:* Arkansas
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Disposition

Disposition Date: 05/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: 137681(04/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	137681(04/08)	Application/Variable Annuity Enrollment Form	Application	Initial		50	137681(04-08).pdf

VARIABLE ANNUITY APPLICATION

ReliaStar Life Insurance Company (the "Company")
 A member of the ING family of companies
 Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900
 ING Service Center Mailing Address: P.O. Box 5050, Minot, ND 58702-5050



Arizona Right to Cancel Notice: The contract owner can request at any time information from the Company regarding benefits and provisions of this contract and the Company will respond within a reasonable period of time. If for any reason you are not satisfied with the Contract you may return it within fifteen days of receipt, or within thirty days of receipt if you are sixty-five years of age or older as of the date the application was signed or if the Contract is replacing another existing life insurance or annuity contract. You will receive a payment of the cash surrender value provided under the contract, plus fees and other charges deducted from gross premiums or considerations or imposed under such contract.

1. ANNUITANT

Name _____ Birth Date _____
 Street Address (required) _____ SSN _____
 P.O. Box (if applicable) _____ Sex Male Female
 City _____ Phone () _____
 State _____ ZIP _____ Alternate Phone () _____

Joint Annuitant

Name _____ Birth Date _____
 Street Address (required) _____ SSN _____
 P.O. Box (if applicable) _____ Sex Male Female
 City _____ Phone () _____
 State _____ ZIP _____ Alternate Phone () _____

2. OWNER (If applicable to selected contract and if different than Annuitant. If a non-natural owner, please provide proper documents; e.g., first and last page of trust, corporate resolution, etc.)

Name _____ Birth Date _____
 Street Address (required) _____ SSN/TIN _____
 P.O. Box (if applicable) _____ Sex Male Female
 City _____ Phone () _____
 State _____ ZIP _____ Alternate Phone () _____

Joint Owner

Name _____ Birth Date _____
 Street Address (required) _____ SSN/TIN _____
 P.O. Box (if applicable) _____ Sex Male Female
 City _____ Phone () _____
 State _____ ZIP _____ Alternate Phone () _____

3. BENEFICIARY(S) (Must be completed unless the annuity is part of a Plan subject to ERISA. Beneficiaries of ERISA plans must be designated using the Beneficiary Election/Change Request - ERISA form.) **Beneficiary proceeds will be split equally if no percentages are provided.**

Note: For Non-qualified contracts, if there are Joint Owners, death proceeds are paid first to the surviving Joint Owner.

Primary Beneficiary

Name _____ Birth Date _____ Percent _____ %
SSN/TIN _____ Relationship to Annuitant _____
Address _____

Primary Contingent Beneficiary

Name _____ Birth Date _____ Percent _____ %
SSN/TIN _____ Relationship to Annuitant _____
Address _____

Please use the space in section 4 if you need to list more Beneficiaries. Be sure to designate whether additional Beneficiaries are Primary or Contingent.

4. SPECIAL INSTRUCTIONS (If necessary, attach a signed sheet containing any additional instructions.)

5. PRODUCT SELECTION AND PLAN TYPE

All products and plan types may not be available in all states.
Place a check mark in the box corresponding to your product and plan type selection.

Product/Plan Type	TSA	Roth 403(b)	457	Non-Qualified	IRA	SEP-IRA	Roth IRA
ING Advantage Century							
ING Advantage Century Plus		N/A					
Other: _____							

Is this an ERISA plan? Yes No

If you have elected a Roth 403(b), please indicate the first year you made a contribution to any previously established Roth 403(b) account in your employer's plan: _____. If no year is provided, we will use the first year a payment is applied to this contract.

One Year Step Up Death Benefit Option (Not available in all states.)

A standard death benefit is available with the contract. Please check below if you want the optional One Year Step Up Death Benefit. See the prospectus for details. A death benefit option may not be terminated or changed.

One Year Step Up Death Benefit (This will replace the standard death benefit.)

6. REPLACEMENT (Must be completed.)

Do you have any existing life insurance policies or annuity contracts?

Yes (Please continue below.) No (Continue to next section.)

If "Yes," and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.

For all states, please answer the following questions to determine if a replacement will take place.

1. Are you considering discontinuing making premium payments (on an existing life insurance policy), surrendering, forfeiting, assigning to the new insurer, or otherwise terminating your existing policy or contract?

Yes No

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new contract?

Yes No

If you answered "Yes" to question 1 or 2 above, please complete and return with this application a copy of your state's replacement form(s) as provided by your agent.

7. EMPLOYER (If applicable.)

Employer Name _____ Contact Name _____
Mailing Address _____ Phone _____
City _____ State _____ ZIP _____

8. PAYMENT AND BILLING INFORMATION (Please select all options that apply.)

Initial Purchase Payment will be made by:

- Check (attached) \$ _____
Applicable Tax Year (IRA/Roth IRA only): _____
- Exchange/Transfer/Rollover (Complete information below.)
- Fixed Account C \$ _____
(A Dollar Cost Averaging Request must accompany payment.)
- Other Source of Payment \$ _____
Describe: _____

Exchange/Transfer/Rollover Information

Check is enclosed? Yes No
Does the transferring company require an Acceptance Letter? Yes No

Payer _____ Policy # _____ Amount \$ _____

Premium Payments (The Company does not accept premium payments or loan repayments using money orders for amounts over \$5000.00 and may reject payments made by cashier's check, bank drafts, bank checks and treasurer's checks. All premium checks must be made payable to ReliaStar Life Insurance Company.)

Monthly Electronic Fund Transfer (EFT). (Does not apply to TSA. Attach EFT request.)

Who will make premium payment?	Payment Amount	X	# of Payments	= Annual Premium	1st Remittance Date
1. <input type="checkbox"/> Employee	1.			\$	
2. <input type="checkbox"/> Employer	2.			\$	
Total Annual Premium (12-month Period Only)				\$	

A Salary Reduction Agreement or Amendment to Employment Contract is required for 403(b), Roth 403(b) and 457 plans.

9. AUTOMATIC TELEPHONE PRIVILEGES

I understand that unless I decline, telephone privileges are automatically provided to me, my agent/registered representative, and his/her assistant. After an authorized person has discussed any changes with me, telephone privileges allow the authorized person to call the Company to perform certain transactions as specified in the current prospectus. The Company may use procedures to ensure instructions received by telephone are genuine, such as requiring forms of personal identification and tape recording phone calls. The Company and its distributor will not be liable for any loss, damage, costs or expenses incurred in acting on telephone instructions reasonably believed to be authentic. I understand that if I do not want to authorize telephone privileges, I must indicate below. I also understand that once granted, such privileges can be revoked only upon receipt of signed, written instructions at the Company.

- I do not want telephone privileges for myself or my agent/registered representative and/or the registered representative's assistant.
- I do not want telephone privileges granted to my agent/registered representative and/or the registered representative's assistant.

10. INITIAL ALLOCATIONS (Enter initial allocations in whole percentages.)

If Dollar Cost Averaging (DCA) is desired, please complete the Dollar Cost Averaging section of the Automatic Programs Request for the initial allocation amounts.

American Funds

- ____ % 112 American Funds Insurance Series® Growth Fund
- ____ % 113 American Funds Insurance Series® Growth Income Fund
- ____ % 114 American Funds Insurance Series® International Fund

ING Variable Products Trust

- ____ % 020 ING VP SmallCap Opportunities Portfolio
- ____ % 023 ING VP High Yield Bond Portfolio
- ____ % 024 ING VP International Value Portfolio
- ____ % 027 ING VP MidCap Opportunities Portfolio
- ____ % 028 ING VP Financial Services Portfolio
- ____ % 056 ING VP Real Estate Portfolio
- ____ % 057 ING BlackRock Global Science & Technology Portfolio
- ____ % 064 ING Opportunistic Large Cap Value Portfolio
- ____ % 110 ING VP Index Plus International Equity Portfolio

ING Investors Trust

- ____ % 005 ING Van Kampen Growth and Income Portfolio
- ____ % 013 ING Legg Mason Value Portfolio
- ____ % 029 ING Julius Baer Foreign Portfolio
- ____ % 038 ING FMR Diversified Mid Cap Portfolio
- ____ % 039 ING JPMorgan Emerging Markets Equity Portfolio (not available in TX)
- ____ % 084 ING Marsico International Opportunities Portfolio
- ____ % 085 ING Pioneer Fund Portfolio
- ____ % 086 ING Pioneer Mid Cap Value Portfolio
- ____ % 087 ING JPMorgan Small Cap Core Equity Portfolio
- ____ % 088 ING Limited Maturity Bond Portfolio
- ____ % 089 ING Liquid Assets Portfolio
- ____ % 093 ING T. Rowe Price Capital Appreciation Portfolio
- ____ % 094 ING Alliance Bernstein Mid Cap Growth Portfolio
- ____ % 098 ING Van Kampen Capital Growth Portfolio
- ____ % 100 ING Global Resources Portfolio
- ____ % 101 ING BlackRock Large Cap Growth Portfolio
- ____ % 106 ING Lord Abbett Affiliated Portfolio
- ____ % 109 ING Pioneer Equity Income Portfolio
- ____ % 120 ING Marsico Growth Portfolio
- ____ % 142 ING Stock Index Portfolio

ING Variable Portfolio, Inc.

- ____ % 041 ING VP Index Plus SmallCap Portfolio
- ____ % 042 ING VP Index Plus MidCap Portfolio
- ____ % 043 ING VP Index Plus LargeCap Portfolio

ING Generations Portfolio, Inc.

- ____ % 044 ING VP Strategic Allocation Conservative Portfolio
- ____ % 045 ING VP Strategic Allocation Moderate Portfolio
- ____ % 046 ING VP Strategic Allocation Growth Portfolio

ING Partners, Inc.

- ____ % 010 ING T. Rowe Price Diversified Mid Cap Growth Portfolio
- ____ % 047 ING American Century Small-Mid Cap Value Portfolio*
- ____ % 048 ING Baron Small Cap Growth Portfolio*
- ____ % 103 ING Templeton Foreign Equity Portfolio

ING Partners, Inc. (Continued)

- ____ % 049 ING JPMorgan Mid Cap Value Portfolio
- ____ % 050 ING Oppenheimer Global Portfolio
- ____ % 051 ING PIMCO Total Return Portfolio
- ____ % 052 ING T. Rowe Price Growth Equity Portfolio
- ____ % 053 ING Van Kampen Comstock Portfolio
- ____ % 054 ING MFS Total Return Portfolio
- ____ % 055 ING T. Rowe Price Equity Income Portfolio
- ____ % 069 ING Legg Mason Partners Aggressive Growth Portfolio
- ____ % 075 ING Davis Venture Value Portfolio
- ____ % 077 ING UBS U.S. Large Cap Equity Portfolio
- ____ % 078 ING Van Kampen Equity and Income Portfolio
- ____ % 090 ING American Century Large Company Value Portfolio
- ____ % 097 ING Neuberger Berman Partners Portfolio
- ____ % 107 ING Pioneer High Yield Portfolio
- ____ % 115 ING Solution Income Portfolio
- ____ % 116 ING Solution 2015 Portfolio
- ____ % 117 ING Solution 2025 Portfolio
- ____ % 118 ING Solution 2035 Portfolio
- ____ % 119 ING Solution 2045 Portfolio

Fidelity's Variable Insurance Products Funds

- ____ % 070 Money Market Portfolio
- ____ % 072 Equity-Income Portfolio
- ____ % 074 Investment Grade Bond Portfolio
- ____ % 082 Index 500 Portfolio
- ____ % 083 Contrafund® Portfolio

Columbia Wanger Asset Management

- ____ % 003 Wanger Select
- ____ % 004 Wanger U.S. Smaller Companies

PIMCO Advisors VIT

- ____ % 019 PIMCO VIT Real Return Portfolio

Neuberger Berman Advisors Management Trust

- ____ % 095 Socially Responsive Portfolio*

Templeton Funds

- ____ % 066 Franklin Small Cap Value Securities Fund

ING Mutual Funds

- ____ % 062 ING VP Growth and Income Portfolio
- ____ % 065 ING VP Intermediate Bond Portfolio

Lord Abbett Funds

- ____ % 138 Lord Abbett Series Fund - Mid-Cap Value Portfolio

Fixed Accounts

- ____ % 180 Fixed Account A
 - ____ % 181 Fixed Account B is not available on Plus Series
- Fixed Account C is not available for regular allocations.

Other:

- ____ % _____
- ____ % _____

_____ % **Initial Allocation Total (Must equal 100%)**

Do the allocations total 100%?

The proposed Owner understands that if he/she is entitled to a refund of the purchase payments made upon the revocation of a contract during the free look period, then all purchase payments made until five days after the end of the free look period will be allocated to the Fidelity VIP Money Market subaccount, and then transferred to the Fixed Account(s) and/or the subaccounts as designated above.

* Fund not available for 403(b) contracts issued in Texas on or after 6/01/02.

11. STATE REQUIRED NOTICES

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

California Reg. 789.8: The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Arkansas, Washington D.C., Hawaii, Louisiana, Maine, New Mexico, Oklahoma, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

12. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS *(Please read carefully and sign below.)*

Important Information: To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I agree that, to the best of my knowledge and belief, all statements and answers in this form are complete and true and may be relied upon in determining whether to issue the applied for variable annuity. Only the owner and ReliaStar Life Insurance Company have the authority to modify this form. I also represent that the Social Security Number or Tax Identification Number shown on this form is correct.

Make checks payable ONLY to ReliaStar Life Insurance Company. Do not make checks payable to the agent, an agency or another company. Only the President, Vice President, or Secretary of ReliaStar Life Insurance Company may modify, discharge or waive any of its rights under the contract.

Variable Annuities and the underlying series shares or securities which fund them are not insured by the FDIC or any other agency. They are not deposits or other obligations of any bank and are not bank guaranteed. They are also subject to market fluctuation, investment risk and possible loss of principal invested.

Annuity payouts and contract values under a variable annuity are variable and are not guaranteed as to fixed dollar amounts.

12. APPLICANT SIGNATURES AND ACKNOWLEDGEMENTS (Continued)

I understand that when based on the investment experience of the Separate Account Division, the variable annuity cash surrender values may increase or decrease on any day and that no minimum value is guaranteed. The variable annuity applied for is in accord with my anticipated financial objectives.

ACKNOWLEDGEMENT OF PROSPECTUS RECEIPT

By signing below, I acknowledge receipt of the Variable Annuity Contract Prospectus.

ACKNOWLEDGEMENT OF WITHDRAWAL RESTRICTIONS

For employees purchasing a 403(b) contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b) tax deferred variable annuity (described in the withdrawal (redemption) section of the Prospectus or the Withdrawals section of the contract). I understand that these restrictions do not include contract exchanges to other investment alternatives under my Employer's 403(b) plan, transfers made to another employer's 403(b) plan or transfers made to a governmental defined benefit plan to purchase service credit unless further restricted by my Employer's 403(b) written plan.

Signed at (city, state) _____ Date (required) _____

Annuitant Signature _____

Joint Annuitant Signature (if applicable) _____

Owner Signature (if different from Annuitant) _____

Joint Owner Signature (if applicable) _____

13. AGENT INFORMATION AND SIGNATURE

Does the applicant have any existing life insurance policies or annuity contracts?

Yes No (If "Yes", and this sale is in a state that has implemented the Model Replacement Regulation, complete and attach a copy of the replacement form.)

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage?

Yes No (If "Yes", complete and attach a copy of any state replacement forms that apply.)

By signing below you certify: 1) any sales material was shown to the applicant and a copy was left with the applicant, 2) you used only insurer-approved sales material, 3) you have not made statements that differ from the sales material, and 4) no promises were made about the future value of any contract elements that are not guaranteed. (This includes any expected future index gains that may apply to this contract.)

Compensation Alternative (Choose one. If no choice is made, Option A will be the default. Please verify which options are available.)

Option A Option B Option C (ING Advantage Century Plus only) Option D Option I Other _____

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Agent #1 will be given the highest percentage in the case of unequal percentages. Agent #1 will receive all correspondence regarding the policy.

Agent #1

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%

Agent #2

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%

Agent #3

Name (print) _____ Signature _____

Agent # _____ State License # (FL only) _____ Split _____%

DEALER USE ONLY (Not to be completed by agent.)

Dealer Name _____ Branch Office _____ Dealer Symbol _____

Authorized Signature _____

Note: Make checks payable to: **ReliaStar Life Insurance Company**

Mail check and application to: **ING Service Center, P.O. Box 5050, Minot, ND 58702-5050**

SERFF Tracking Number: *HRTD-125629650* *State:* *Arkansas*
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Rate Information

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Supporting Document Schedules

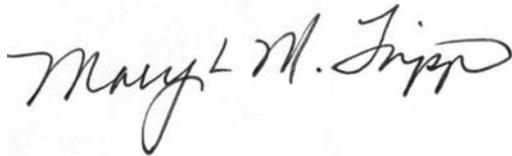
Satisfied -Name: Certification/Notice	Review Status:	04/30/2008
Comments:		
Attachment: AR Compliance Cert1.pdf		
Bypassed -Name: Application	Review Status:	04/30/2008
Bypass Reason: N/A to this application filing.		
Comments:		
Bypassed -Name: Life & Annuity - Acturial Memo	Review Status:	04/30/2008
Bypass Reason: N/A to this application filing.		
Comments:		
Satisfied -Name: Statement of Variability	Review Status:	05/12/2008
Comments:		
Attachment: 137681(04-08) SOV.pdf		

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S): 137681(04/08) FORM TITLE(S): Application

I hereby certify that to the best of my knowledge and belief the above form submission complies with Rule and Regulation 19s10 as well as all applicable requirements for the State of Arkansas.



Signature of Officer or Representative

Marylou M. Tripp

Name

Contract Analyst

Title and/or Business Affiliation

May 12, 2008

Date

**STATEMENT OF VARIABILITY
137681(04/08)**

May 1, 2008

Page 1

Title: *[Variable Annuity Application]*

- We reserve the right to modify the title to correctly reflect the marketing name of product(s) within the application.

Address: *[Home Office: 20 Washington Avenue South, Minneapolis, MN 55401-1900
ING Service Center: P.O. Box 5050, Minot, ND 58702-5050]*

- We reserve the right to modify the company address to the extent necessary to accurately reflect current company operations.

Arizona Right to Cancel Notice: *[Arizona Right to Cancel Notice: The contract.....refund of all deposits.]*

- We reserve the right to modify the notice as the state required notice may change depending up on the most current mandated information that should appear on the application..

Page 2

Product Selection And Plan Type:

[Product/Plan Type.....Other: _____]

- The Product/Plan Type may vary if a product/plan type is discontinued and/or a new product/plan type is introduced and available for election under this application.

[Is this an ERISA plan?]

.We reserve the right to modify if a product is discontinued under this application.

[If you have elected a Roth 403(b).....]

- .We reserve the right to modify if a product is discontinued and/or a new product is introduced and available for election under this application.

Death Benefit Option: *[One Year Step Up Death Benefit Option...
will replace the standard death benefit...]*

- The Death Benefit Option may vary if a particular death benefit is discontinued, and/or a new death benefit is introduced and available for election under this application.

Page 4

Fund Selection: *[If Dollar Cost Averaging (DCA).....in Texas on or after 6/1/02.]*

- The fund selection and corresponding footnotes may vary if a fund is introduced, no longer available for investment, or is substituted for an existing fund. The fund selection and footnotes may also vary if an existing fund's name is changed or eliminated. In addition, if an Automatic Program is no longer office, references to the program will be removed.

Page 5

State Required Notices: *[State Required Notices.....or civil damages.]*

- The state required notices may change depending upon the most current state mandated notices that should appear on the application.

Page 6

Agent Information and Signature:

[Compensation Alternative.....Other _____]

- We reserve the right to vary the number of Agent Compensation Alternatives from which an agent may select.

[Note: Make checks payable.....Minot, ND 58702-5050]

- We reserve the right to change to whom and where a check is sent to correctly reflect a current processing location.