Filing at a Glance

Company: ING Life Insurance and Annuity Company

Product Name: 83122 (05/08)	SERFF Tr Num: HRTD-125673023	State: ArkansasLH
TOI: A02.1I Individual Annuities- Deferred Non-Variable and Variable	SERFF Status: Closed	State Tr Num: 39151
Sub-TOI: A02.1I.002 Flexible Premium	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Michele Michaud	Disposition Date: 06/03/2008
	Date Submitted: 05/30/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: 83122 (05/08)
Project Number: 83122 (05/08)
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/03/2008
State Status Changed: 06/03/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Filing an Individual Annuity application.

Company and Contact

Filing Contact Information

Michele Michaud, Compliance Consultant Michele.Michaud@us.ing.com

One Orange Way
Windsor, CT 06095
(860) 580-2825 [Phone]
(860) 580-4842[FAX]

Filing Company Information

ING Life Insurance and Annuity Company
One Orange Way
Windsor, CT 06095
(800) 654-8065 ext. [Phone]
CoCode: 86509
Group Code: 229
Group Name:
FEIN Number: 71-0294708
State of Domicile: Connecticut
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ING Life Insurance and Annuity Company	$20.00	05/30/2008	20592970

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/03/2008	06/03/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Linda Bird	06/02/2008	06/02/2008	Michele Michaud	06/03/2008	06/03/2008

Disposition

Disposition Date: 06/03/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*HRTD-125673023*	*State:*	*Arkansas*
Filing Company:	*ING Life Insurance and Annuity Company*	*State Tracking Number:*	*39151*
Company Tracking Number:			
TOI:	*A02.1I Individual Annuities- Deferred Non-Variable and Variable*	*Sub-TOI:*	*A02.1I.002 Flexible Premium*
Product Name:	*83122 (05/08)*		
Project Name/Number:	*83122 (05/08)/83122 (05/08)*		

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	Cover letter		Yes
Supporting Document	SOV		Yes
Form	Application		Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/02/2008
Submitted Date	06/02/2008
Respond By Date	

Dear Michele Michaud,

This will acknowledge receipt of the captioned filing.

Objection 1

- Cover letter (Supporting Document)

Comment: The Statement of Variable Language for 83122 (05/08) was not attached.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2008
Submitted Date	06/03/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Please see attached Statement of Variability. I'm sorry for the inconvenience.

Related Objection 1

Applies To:

- Cover letter (Supporting Document)

Comment:

The Statement of Variable Language for 83122 (05/08) was not attached.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: SOV

Comment: please see attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Michele Michaud

Form Schedule

Lead Form Number: 83122 (05/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	83122 (05/08)	Application/ Enrollment Form	Application	Initial		46	83122 05-08.pdf

Application for Individual Annuity Contract

In this form, ING Life Insurance and Annuity Company may also be referred to as the Company.

Applicant Information (Please type or print clearly.)

Employer Name	Billing Group Number	
Name (first, middle initial, last)	Social Security Number - -	☐ Male ☐ Female
Address (No. & Street)	Date of Birth (mm/dd/yyyy) / /	Date of Hire (mm/dd/yyyy) / /
City/Town State Zip Code	Number of Dependents	Marital Status ☐ Married ☐ Single
Email Address	Estimated Annual Income $ _____	Expected Retirement Age
Home Telephone No. ( ) / Work Telephone No. ( )	Occupation /Job Title	

Financial Disclosure (Please provide estimates.) *This section is to be completed by Representatives registered with ING Financial Advisers, LLC only.*

Annual Household Income
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ >$100,000

Net Worth (excluding primary residence)
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ >$100,000 - $250,000 ☐ >$250,000

What is your level of investment experience?
☐ Low ☐ Medium ☐ High

How would you categorize yourself as an investor?
☐ Aggressive ☐ Moderately Aggressive ☐ Moderate ☐ Moderately Conservative ☐ Conservative

What are your life insurance and investment holdings

Face Amount of Life Insurance
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $250,000 ☐ >$250,000

Securities
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $250,000 ☐ >$250,000

Cash
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $250,000 ☐ >$250,000

Other investments
☐ <$25,000 ☐ $25,000 - $49,999 ☐ $50,000 - $99,999 ☐ $100,000 - $250,000 ☐ >$250,000

When will you begin using your retirement account?
☐ >20 Years ☐ >10 Years ☐ >5 Years ☐ <5 Years

Estimated percent of retirement income from this investment:
☐ <20% ☐ 25 – 50% ☐ 50 – 75% ☐ >75%

Account Investment Objective(s) (Select between one and three.)
☐ Capital Preservation ☐ Income ☐ Growth & Income ☐ Growth ☐ Aggressive Growth ☐ Speculative

Why is an annuity or funding agreement being purchased? (Check all that apply.)
☐ Primary Retirement Income ☐ Supplementary Retirement Income
☐ Annuitization Feature ☐ Payroll Deduct Asset Accumulation

Please complete this form and return to your Agent.

ING Life Insurance and Annuity Company
P.O. Box 990063
Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Financial Disclosure *(Continued)*

Why is this particular annuity or funding agreement being purchased instead of another investment? (Check all that apply.)

- ☐ This is the only investment available through my employer's defined contribution plan.
- ☐ Guaranteed minimum interest rate
- ☐ Income options
- ☐ Systematic withdrawals
- ☐ Competitive interest rates, fees and/or charges
- ☐ Ongoing service in connection with the annuity or funding agreement and its features
- ☐ Benefits and riders
- ☐ None of the above

After purchasing this product, will you have sufficient liquidity to meet current financial needs? ☐ Yes ☐ No

Agent Note (Please attach separate page for additional comments.)

Replacement Information

Do you have existing individual annuity contracts or individual life insurance policies? ☐ Yes ☐ No

Will this Contract change or replace any existing Life Insurance or Annuity Contracts? ☐ Yes ☐ No

If yes, provide carrier name and account number:

Carrier _____ Account No. _____

If this is an exchange from an existing variable annuity, which of the following are true? (Check all that apply).

- ☐ Will benefit from product enhancements and improvements.
- ☐ Will lose existing benefits.
- ☐ Will incur a surrender charge on the existing contract.
- ☐ Has had another deferred variable annuity exchange within the past 36 months.
- ☐ Will be subject to a new surrender period.
- ☐ Will be subject to increased fees or charges.
- ☐ Will be subject to decreased fees or charges.
- ☐ New contributions only, current provider no longer available.

FINRA Affiliation

Are you associated with a Financial Industry Regulatory Authority member? ☐ Yes ☐ No

If yes, list the affiliation _____

2 [Another way to save through your retirement plan.

Consider ROLLING over your other eligible retirement plan assets! Tell us when and how we can reach you, and we'll help you Consolidate.

☐ Yes! Tell me how ING can help me benefit from rolling over my retirement investments. Please call me at ( )

to discuss my options. The best time to call is _____ a.m. or _____ p.m. My estimated rollover balance is $_____.

If I want to learn about rollover opportunities now, I will call ING at 888-681-3153.]

Plan Type

☐ 403(b) for Public School System ☐ 403(b) for 501(c)(3) Organization ☐ 401(a) ☐ 403(b) ☐ Other _____

Please complete this form and return to your Agent.

1 [Order # 05/08]

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Plan Beneficiary Information

Primary	Contingent	Complete Legal Name	Relationship	%	Social Security Number

Unless otherwise noted:

- If more than one Beneficiary is designated, payment will be made in equal shares to the Primary Beneficiaries who survive the Applicant or, if none survives the Applicant, in equal share to the Contingent Beneficiaries who survive the Applicant.
- If no Beneficiary survives the Applicant, payment will be made to the Executors or Administrators of the estate of the Applicant.
- If a class of Beneficiaries is designated (such as, "the children of the Applicant"), then payment will be made in equal shares to each person who is a member of the class and living at the death of the Applicant or annuitant whether or not he/she has been specifically named in the Beneficiary Designation.

Please complete this form and return to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number	Billing Group
	- -	

3 [Fund Selection

Managed by Morningstar

I WANT INVESTMENT EXPERTS TO MANAGE MY PLAN INVESTMENTS.

- ING and Morningstar Associates have teamed up to offer Morningstar Retirement Manager, a suite of investment advisory services designed to make it easier to manage your retirement account. Your plan offers Managed by Morningstar, a professional investment management service available through Morningstar© Retirement Manager℠. The services and related fees are described in the Morningstar section of your enrollment materials.
- Once you have enrolled you can update your personal information through ING's participant website. Visit www.ingretirementplans.com, and click on Get Advice.

☐ Yes, I want to participate in the Managed by Morningstar program to receive professional investment management and ongoing oversight of my retirement account.

Morningstar Associates can personalize your retirement strategy even further if you wish to provide salary information:.
Annual Salary $_____

Pending receipt of Morningstar's investment instructions, please proceed to Investment Options below to select the fund or funds you wish to allocate any balances or contributions that may be applied between the time you enroll and when ING receives and processes Morningstar's instructions.]

Please complete this form and return to your Agent.

1 [Order # 05/08]

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Investment Options

Investment Options are alphabetically grouped in their respective asset classes as determined by the Company. A maximum of 18 investment options may be used at any one time; however certain additional restrictions may apply. Eligibility to receive Employer Contributions is determined by the Employer. Completion of the Enrollment Form does not establish your eligibility to receive Employer Contributions. Enter the percentage (in whole numbers) of your payment to be allocated to each investment option.

4

[Stability of Principal		Employer	Employee Pre-Tax	Employee Roth
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Bonds				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Asset Allocation				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Balanced				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Large Cap Value				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Large Cap Growth				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Small/Mid/Specialty				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Global/International				
_____	( )	_____%	_____%	_____%
_____	( )	_____%	_____%	_____%
Total of each column must equal 100%		100% Employer	100% Employee Pre-Tax	100% Employee Roth]

Please complete this form and **return to your Agent.**

1 [Order # 05/08]

83122 (05/08)

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Account Information

Frequency	Contribution	Effective Date (mm/dd/yyyy)
ER _____ EE _____ EE Roth _____	ER _____ EE _____ EE Roth _____	/ /

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

Single Contribution Amount		One Time Employer Contribution	No. of Skips	Skip Date
$ _____	Deferred Immediate			/ /

Registered Representative Information

The following individual(s)/organization(s) will receive compensation from this Contract.

Representative/Entity name (print)	Office Code	Rep No.	% Participation

Anti-Fraud Statement

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

Please complete this form and return to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Application Certification

I acknowledge receipt of the current contract prospectus or contract prospectus summary, as well as current prospectuses or investment option summaries for all available variable investment options and the complete prospectuses for other registered investment options under the Annuity Contract.

☐ Check here to receive a Statement of Additional Information.

3 [ING reserves the right to cancel your access to the Managed by Morningstar service at any time without prior notice, including, but not limited to, as a result of any excessive trading restrictions imposed by ING or a Fund Company. Please refer to your contract prospectus, prospectus summary, or disclosure book for further information on the ING Excessive Trading Policy. A copy of this policy can also be found on the Internet at www.ingretirementplans.com. For additional information on a fund's excessive trading policy please refer to the fund's prospectus.

If I elect to participate in the Managed by Morningstar program, I hereby acknowledge that I have received and read the Managed by Morningstar program description and the Morningstar Overview, including the Morningstar Investment Advisory Agreement, and that I understand the Managed by Morningstar program description and the Agreement and agree to be bound by its terms. I understand that the applicable fees will be deducted periodically from my account.]

I understand that I am selecting an annuity product to fund a tax-deferred arrangement; that the tax laws provide for deferral of taxation on earnings on account balances; and that, although the annuity provides features and benefits that may be of value, it does not provide any additional deferral of taxation beyond that provided by the tax-deferred arrangement itself.

Applicants Enrolling in a 403(b) Variable Annuity Contract: I understand the Internal Revenue Code restrictions on withdrawals from a 403(b)(1) tax-deferred annuity, as described in the withdrawal section of the contract/prospectus. Notwithstanding the prior sentence, 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.

I acknowledge that I have been informed about various features of deferred variable annuities or funding agreements, including: the potential surrender period; any applicable surrender charges; tax penalties applicable to surrender before age 59½; mortality and expense fees and/or daily asset charges; investment advisory fees; charges for and features of riders; insurance and investment components; and market risk.

By signing this form, I certify that the information provided is complete and accurate and that any changes have been initialed by me. I further represent that the Company is entitled to rely exclusively on information provided on this form.

(The following statement is in reference to Internal Revenue Service Publication 1586: Reasonable Cause Regulations and Requirements of Missing and Incorrect Name/TINs.) Under penalty of perjury, I represent that the Social Security Number shown on this form is correct.

Applicant's Authorized Signature

Applicant's Signature	City and State Where Signed	Date (mm/dd/yyyy)

Please complete this form and return to your Agent.

1 [Order # 05/08]

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Applicant Name (first, middle initial, last)	Social Security Number - -	Billing Group

Registered Representative's Certification and Signature

Broker/Dealer Affiliation (If not registered with ING Financial Advisors, LLC, please indicate name of Broker/Dealer.)

☐ ING Financial Advisers ☐ Other Broker/Dealer

Other Broker/ Dealer Name _____

Does the applicant have an existing annuity or life insurance contract? ☐ Yes ☐ No
(If "Yes", a replacement form must also be completed.)

Do you have any reason to believe any existing Life Insurance or Annuity Contracts will be modified or replaced if this Contract is issued? ☐ Yes ☐ No

Does this employee benefit plan offer multiple annuities? ☐ Yes ☐ No

Does this employee benefit plan offer mutual funds? ☐ Yes ☐ No

Based on the information set forth above, I have a reasonable basis to believe that: the customer has been informed about the various features of deferred variable annuities; this purchase is suitable for the customer; the customer would benefit from certain features of deferred variable annuities; and the variable annuity being purchased, the underlying subaccount allocations, and selected riders (if any) are suitable for the customer. If this transaction involves the exchange of a deferred variable annuity, I have a reasonable basis to believe that the exchange is suitable for the customer.

I represent that the information on this form is true, complete and accurate to the best of my knowledge.

Registered Representative (print name)	Registered Representative Signature	Date (mm/dd/yyyy)

Please complete this form and return to your Agent.

ING Life Insurance and Annuity Company | P.O. Box 990063 Hartford, CT 06199-0063

ING

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/30/2008

Comments:

see certification

Attachment:

AR Compl Cert.pdf

Review Status:

Bypassed -Name: Application 05/30/2008

Bypass Reason: We are submitting the application for approval.

Comments:

Review Status:

Bypassed -Name: Life & Annuity - Acturial Memo 05/30/2008

Bypass Reason: N/a

Comments:

Review Status:

Satisfied -Name: Cover letter 05/30/2008

Comments:

see attached cover letter

Attachment:

83122 508 COV LTR.pdf

Review Status:

Satisfied -Name: SOV 06/03/2008

Comments:

please see attached.

Attachment:

83122 SOV.pdf

State of **ARKANSAS**

Insurance Division
Arkansas Insurance Department

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

CARRIER: ING Life Insurance and Annuity Company

FORM NUMBER(S): 83122 (05/08) 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.

Michele L. Michaud

Signature of Officer or Representative

Michele Michaud

Name

Contract Analyst

Title and/or Business Affiliation

May 30, 2008

Date

Americas

Michele Michaud
Contract Analyst
ING Life Insurance and Annuity Company
Legal Services - Contract Development
One Orange Way
Windsor, CT 06095-4774
Phone: 860-580-2825
Fax: 860-580-4842
Email: michele.michaud@US.ING.COM

May 30, 2008

Arkansas Insurance Department

RE: ING Life Insurance and Annuity Company, NAIC 86509, FEIN 71-0294708
Form No. 83122 (05/08) Individual Annuity Application
Statement of Variable Language for 83122

The captioned Individual Annuity Application is being submitted for the Department's review and approval. It contains no unusual or controversial provisions from normal company or industry standards.

We have revised and added questions to the application to bring it into compliance with the new Rule 2821 promulgated by the Financial Industry Regulatory Authority ("FINRA"). We have also included a section that enables the consumer to roll over eligible retirement plan assets. In addition, we added an option under the Fund Selection section to allow the consumer to enroll directly into a new ING offering which is managed by Morningstar, along with the associated disclosure language in the Participant Certification section.

This form replaces the 83122 01/06 ROTH edition approved by your office on 4/03/06. It will be used by individuals or entities that sponsor or participate in retirement plans established under Internal Revenue Code 401 or 403(b) plans. It will be used with Individual Fixed, Variable or Combination Annuity Contracts.

A Statement of Variable Language for Form No. 83122 (05/08) is attached which explains the bracketing included within the body of the enrollment form.

This document is submitted in PDF format, subject only to minor modification in paper size and stock, ink, company logo and adaptation to computer printing. This form may also be completed electronically. Flesch readability has been completed and a 45.6 has been achieved.

We believe this form complies with the regulations of your state.

We appreciate your efforts and attention to this filing. Please do not hesitate to call me if you have any questions or need any additional information to help assist in your review at (860) 580-2825, or toll free at (800) 654-8065 (Ext. 580-2825).

Sincerely,

Michele L. Michaud

Michele Michaud

STATEMENT OF VARIABLE LANGUAGE for Application Form 83122 (05/08)		
Item	**Bracketed Text**	**Explanation**
1	Order# Section	If displayed, these ordering codes may be revised as needed for certain plans or products, as applicable.
2	Rollover Section	To provide that this section may or may not appear and further that phone number is subject to change.
3	Fund Selection for Managed by Morningstar	To provide Managed by Morningstar acknowledgements. Will only display when feature has been selected by Plan Sponsor.
4	Investment Options List	This section has been bracketed to provide us with the flexibility to change the name of a fund, delete a fund that is no longer available or add a fund without the necessity to re-file the form.