

SERFF Tracking Number: HRTD-125973704 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 41277
Company Tracking Number: 15124 (11/08)
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: 15124 (11/08)
Project Name/Number: 15124 (11/08)/15124 (11/08)

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 15124 (11/08)

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: HRTD-125973704 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 41277

Co Tr Num: 15124 (11/08)

Co Status:

Author: Paul Moreira

Date Submitted: 01/07/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 01/12/2009

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 15124 (11/08)

Project Number: 15124 (11/08)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/12/2009

State Status Changed: 01/12/2009

Corresponding Filing Tracking Number:

Filing Description:

RE:RELIASTAR LIFE INSURANCE COMPANY

NAIC #229-67105, FEIN # 41-0451140

Form No. 15124(11/08) Group Annuity Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Group Market Type:

Deemer Date:

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.

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Form 15124 (11/08) will replace form 15124 AR 10-04, approved by your Department on 11/05/04. The form has been revised to omit products no longer offered.

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 has been filed with our domiciliary state of Minnesota. Please be advised that the Group Annuity Application has achieved a 51.8 Flesch readability score.

We would like to begin issuing these forms as soon as possible; therefore your earliest review would be appreciated. If there are any questions or comments regarding this filing, please do not hesitate to contact me at (860) 580-2827, toll free at (800) 654-8065 (Ext. 5802827) or email me at Paul.Moreira@us.ing.com.

Thank you for your consideration.

Sincerely,

Paulo G Moreira, Contract Analyst

Company and Contact

Filing Contact Information

Paulo Moreira, Paul.Moreira@us.ing.com
One Orange Way (860) 580-2827 [Phone]
Windsor, CT 06095 (860) 580-4844[FAX]

Filing Company Information

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota
One Orange Way Group Code: 229 Company Type:
Windsor, CT 06095 Group Name: State ID Number:
(800) 654-8065 ext. [Phone] FEIN Number: 41-0451140

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$20.00	01/07/2009	24874520

SERFF Tracking Number: HRTD-125973704 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/12/2009	01/12/2009

SERFF Tracking Number: *HRTD-125973704* *State:* *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* *State Tracking Number:* *41277*
Company Tracking Number: *15124 (11/08)*
TOI: *A02G Group Annuities - Deferred Non-variable* *Sub-TOI:* *A02G.002 Flexible Premium*
Product Name: *15124 (11/08)*
Project Name/Number: *15124 (11/08)/15124 (11/08)*

Disposition

Disposition Date: 01/12/2009

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: 15124 (11/08)

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	15124 (11/08)	Application/ Application Enrollment Form	Initial		52	15124 (11-08) Group Annuity Application.pdf

**APPLICATION FOR GROUP DEFERRED
TAX SHELTERED ANNUITY CONTRACT AND
GROUP DEFERRED ANNUITY CONTRACT**

ReliaStar Life Insurance Company (the "Company")

Home Office: Minneapolis, MN

A member of the ING family of companies

ING Customer Service Center: PO Box 5050, Minot, ND 58702-5050

Phone: 877-884-5050 Fax: 888-509-7117



Your future. Made easier.™

1. PLAN AND CONTRACT INFORMATION (Select one.)

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	403(b)	457
ING QuintaFlex Annuity		
ING Retirement Plus		
ING Premier 3 Annuity	N/A	
ING Premier Flex Annuity	N/A	
Other _____		

2. GROUP CONTRACT HOLDER INFORMATION (Please print.)

Group Contract Holder Name _____ TIN _____

Street Address (required) _____

City _____ State _____ ZIP _____

Name of Employee Benefit Plan (if applicable) _____

If the Group Contract Holder is applying for an Internal Revenue Code (IRC) §403(b) contract, the Group Contract Holder is a(n):

1. Public School; or
2. Organization described in IRC §501(c)(3) and exempt from tax under IRC §401(a).

If the Group Contract Holder is applying for an IRC §457 contract, the Group Contract holder is a(n):

1. State of Local Government; or
2. Organization described in IRC §501 and exempt from tax under IRC §501(a) (for select management and highly compensated employees); or
3. Other _____

3. 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 stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

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.

3. STATE REQUIRED NOTICES *(continued)*

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.

Louisiana, 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, 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.

4. CONTRACT HOLDER SIGNATURES AND AUTHORIZATIONS

The following individuals are authorized to sign on behalf of the Group Contract Holder.

Name *(please print)* _____

Position _____

Signature _____ Date _____

Name *(please print)* _____

Position _____

Signature _____ Date _____

Name *(please print)* _____

Position _____

Signature _____ Date _____

5. AGENT SIGNATURE AND ACKNOWLEDGEMENT

Agent Name *(please print)* _____

Agent # _____ State License # *(FL only)* _____

Agent Signature _____ Date _____

Signed at: City _____ State _____

SERFF Tracking Number: *HRTD-125973704* *State:* *Arkansas*
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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 01/05/2009
Comments:
Attachment:
AR CERT.pdf

Review Status:
Satisfied -Name: Application 01/05/2009
Comments:
Attachment:
15124 (11-08) Group Annuity Application.pdf

Review Status:
Satisfied -Name: Statement of Variability 01/07/2009
Comments:
Attachment:
15124 (11-08) Statement Of Variability.pdf

Review Status:
Satisfied -Name: Cover Letter 01/07/2009
Comments:
Attachment:
AR Group Annuity Application Filing Letter.pdf

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S)

FORM TITLE(S)

15124(11/08)

Group Annuity 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

Paul Moreira

Name

Contract Consultant

Title and/or Business Affiliation

1/5/2009

Date

**APPLICATION FOR GROUP DEFERRED
TAX SHELTERED ANNUITY CONTRACT AND
GROUP DEFERRED ANNUITY CONTRACT**

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Position _____

Signature _____ Date _____

5. AGENT SIGNATURE AND ACKNOWLEDGEMENT

Agent Name *(please print)* _____

Agent # _____ State License # *(FL only)* _____

Agent Signature _____ Date _____

Signed at: City _____ State _____

STATEMENT OF VARIABILITY
15124(11/08)

December 15, 2008

Page 1

Address: *[ING Service Center: P.O. Box 5050, Minot, ND 58702-5050*

Phone: 877-884-5050 Fax: 888-5097117]

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

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.

Page 1 & 2

State Required Notices: *[State Required Notices.....apply in your state.... or civil damages.]*

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



Americas

Paulo G Moreira
Contract Analyst
ING Life Insurance and Annuity Company
Legal Services - Contract Development
One Orange Way C1S
Windsor, CT 06095-4774
Phone: 860-580-2827
Fax: 860-580-4844
Email: Paul.Moreira@us.ing.com

January 5, 2008

Mr. John Shields
Life, A & H Filings
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904

Mr. Shields

**RE: RELIASTAR LIFE INSURANCE COMPANY
NAIC #229-67105, FEIN # 41-0451140
Form No. 15124(11/08) Group Annuity Application**

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.

Form 15124 (11/08) will replace form 15124 AR 10-04, approved by your Department on 11/05/04. The form has been revised to omit products no longer offered.

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Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Paulo G. Moreira".

Paulo G Moreira, Contract Analyst