

SERFF Tracking Number: INGD-126206137 State: Arkansas
Filing Company: ReliaStar Life Insurance Company State Tracking Number: 43177
Company Tracking Number: 87-100 2% GID RATE
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 87-100 2% GID Rate Change
Project Name/Number: 87-100 2% GID Rate Change/87-100 2% GID Rate Change

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 87-100 2% GID Rate Change

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: INGD-126206137 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 43177

For Informational Purposes

Co Tr Num: 87-100 2% GID RATE State Status: Filed-Closed

Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry

Disposition Date: 08/17/2009

Stumpf, Jackie Williams, EDS

EDSSupport, Laura Sampair

Date Submitted: 08/11/2009

Disposition Status: Accepted For

Informational Purposes

Implementation Date:

Implementation Date Requested: 12/01/2009

State Filing Description:

General Information

Project Name: 87-100 2% GID Rate Change

Project Number: 87-100 2% GID Rate Change

Requested Filing Mode: Informational

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing was submitted simultaneously in Minnesota, our state of domicile

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/17/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/17/2009

Deemer Date:

Submitted By: Wendy Paquin

Filing Description:

August 11, 2009

Created By: Wendy Paquin

Corresponding Filing Tracking Number:

Insurance Commissioner

Department of Insurance

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Compliance Life & Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: ReliaStar Life Insurance Company
NAIC #67105 FEIN #41-0451140

Form Number:
Change in Minimum Annual Interest Rate for 87-100

Attention Policy Form Approval Division:

We submit the above referenced form for your information. The form does not replace any previously approved form. The form does not contain any unusual or controversial items from the standpoint of industry standards.

The following changes to the Policy Data page C will be effective for all new issues on or after December 1, 2009:

1. Reduce the Minimum Annual Interest Rate from 3% to 2% and the Minimum Monthly Interest Rate from 0.246627% to 0.165158% for all new issues effective on or after December 1, 2009
2. Bracket the Minimum Annual Interest Rate and Minimum Monthly Interest Rate
3. Change the revision date in the lower right hand corner on this page only

No other changes were made to the policy.

We have simultaneously filed the form in Minnesota, our state of domicile.

The information bracketed in the form is subject to change.

The following previously approved form(s) will be marketed with the submitted policy form (approval date(s) provided):

87-100 - Flexible Premium Adjustable Life Insurance Policy - 11/27/2007

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and any changes necessary to comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

To the best of our knowledge, the form complies with the laws and regulations of the insurance department of your

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 state.

Sincerely,

Wendy Paquin, FLMI, CLU
 Senior Contract Analyst
 (612) 342-3595
 (612) 342-7531 (fax)
 wendy.paquin@us.ing.com

Company and Contact

Filing Contact Information

Wendy Paquin, wendy.paquin@us.ing.com
 20 Washington Ave South 612-342-3595 [Phone]
 Minneapolis, MN 55401 612-342-7531 [FAX]

Filing Company Information

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota
 20 Washington Avenue South Group Code: 229 Company Type:
 Minneapolis, MN 55401 Group Name: State ID Number:
 (860) 654-8065 ext. [Phone] FEIN Number: 41-0451140

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: one filing x \$50 per filing = \$50

Minnesota, our state of domicile, does not require a fee for this informational filing.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$50.00	08/11/2009	29774104

SERFF Tracking Number: *INGD-126206137* State: *Arkansas*
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	08/17/2009	08/17/2009

SERFF Tracking Number: *INGD-126206137* State: *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Sample Policy Data Page		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Certification Reg 19 and 49.pdf AR Consent to Submit Rates _2_.pdf		
Bypassed - Item: Application Bypass Reason: Not applicable Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable Comments:		
Satisfied - Item: Sample Policy Data Page Comments: Attachment:		

**ARKANSAS
CERTIFICATION**

RE: 2% Guaranteed Interest Rate Change for 87-100

As an officer of ReliaStar Life Insurance Company, I certify that this submission meet the provisions of Regulation 19 (unfair sex discrimination in the sale of life insurance), Regulation 49 (guaranty association notice) and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY



By: _____
Wendy Paquin Assistant Secretary

Date: July 1, 2009

ARKANSAS EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The ReliaStar Life Insurance Company ("Company") of Minneapolis, Minnesota does hereby
(Company Name) (City and State)

consent and agree:

A) that all premium rates and/or cost bases both "maximum" and current or projected", used in relation to policy form number 87-100 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the consent Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

ReliaStar Life Insurance Company
(Company Name)



By Craig Krogstad, FSA, MAAA
(Name)

Vice President and Actuary
(Title or Position)

Interest Rates	Minimum Annual Interest Rate	[2.00%]
	Minimum Monthly Interest Rate	[0.165158%]
	Loan Interest Rate	4.76% payable in advance
	Preferred Loan Interest Rate	3.38% payable in advance
	Maximum Interest Enhancement	[1.00%]
	Interest Enhancement Factor	[1.00]
	In Force Period Requirement for Interest Enhancement	[15] policy years

Deductions and Charges	Maximum Percent Premium Charge	[12%]
	Maximum Monthly Administrative Charge	[\$12.00]
	Maximum Monthly Amount Charge	[\$0.16667] per \$1000 per month for the first [10] policy years [\$0.10] per \$1000 per month for policy years [11+]

Table of Surrender Charges at end of Policy Year

0	[\$2,030.00]	7	[1,259.00]	15	[580.00]
1	[2,030.00]	8	[1,162.00]	15	[483.00]
2	[1,885.00]	9	[1,065.00]	16	[386.00]
3	[1,740.00]	10	[968.00]	17	[289.00]
4	[1,595.00]	11	[871.00]	18	[192.00]
5	[1,453.00]	12	[774.00]	19	[95.00]
6	[1,356.00]	13	[677.00]	20	[0.00]

**Maximum Monthly Guaranteed Cost of Insurance Rates based on:
 2001 Commissioners Standard Ordinary Mortality Table,
 Age Nearest Birthday, Sex Distinct, Smoker Distinct**

Percent of Partial Withdrawal	0% in policy year 1; 20% per policy year in policy years 2-10; 100% thereafter
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