

SERFF Tracking Number: *INGD-126393117* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44556*
 Company Tracking Number: *1315-02/10*
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
 Product Name: *ING TermSmart 2010 Term Life Insurance Policy*
 Project Name/Number: *ING TermSmart 2010 Term Life Insurance Policy/1315-02/10*

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: ING TermSmart 2010 Term Life SERFF Tr Num: INGD-126393117 State: Arkansas

Insurance Policy

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 44556

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: 1315-02/10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Wendy Paquin, Terry
Stumpf, Jackie Williams, EDS
EDSSupport, Laura Sampair
Date Submitted: 01/13/2010

Disposition Date: 01/14/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ING TermSmart 2010 Term Life Insurance Policy

Project Number: 1315-02/10

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We have
simultaneously filed the forms in Minnesota, our
state of domicile, under an Interstate Insurance
Compact filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/14/2010

Explanation for Other Group Market Type:

State Status Changed: 01/14/2010

Deemer Date:

Created By: Laura Sampair

Submitted By: Laura Sampair

Corresponding Filing Tracking Number:

SERFF Tracking Number: *INGD-126393117* State: *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44556*
Company Tracking Number: *1315-02/10*
TOI: *L041 Individual Life - Term* Sub-TOI: *L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*
Product Name: *ING TermSmart 2010 Term Life Insurance Policy*
Project Name/Number: *ING TermSmart 2010 Term Life Insurance Policy/1315-02/10*

Filing Description:

Insurance Commissioner
Department of Insurance
Compliance Life & Health
1200 West Third Street
Little Rock, Arkansas 72201-1904

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

Form Number:

1315-02/10 Indeterminate Premium Term Life Insurance Policy to Age 95 with Exchange Option and Premium Adjustment Provisions

Attention Policy Form Approval Division:

We submit the above referenced form for your review and approval. 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.

We have simultaneously filed the form in Minnesota, our state of domicile, under an Interstate Insurance Compact filing.

The information bracketed in the form is subject to change.

The policy form is an individual indeterminate premium term life insurance policy to age 95 with an exchange option and premium adjustment provision designed to provide a benefit payable at the death of the Insured. The initial term period of 10, 15, 20, 25 or 30 years is selected by the owner at the time of application with annually increasing guaranteed maximum premiums after the guaranteed level premium period.

The policy may be exchanged for a permanent life insurance policy issued by the company under an exchange option as stated within the policy. If not exchanged, the policy will continue to provide term coverage until age 95, provided premiums due are paid.

We will not illustrate the policy.

The product will be offered as a fully underwritten policy.

The product will be marketed by our licensed agents on an individual basis.

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The policy will be offered on a sex distinct and unisex basis. The unisex version will only be used in situations where sex neutral benefits are required to comply with the United States Supreme Court decision in Arizona Governing Committee v. Norris.

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

R1372-12/09 - Accelerated Benefit Rider - 11/24/09
R1356-04/07 - Accidental Death Benefit Rider - 04/03/07
R1364-04/07 - Children's Term Insurance Rider - 04/03/07
R1349-11/06 - Waiver of Premium Rider - 12/06/06
154214 - Term Application - 11/17/09

We have enclosed per your requirements the Flesch Readability Certification and Actuarial Memorandum(s).

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 state.

Sincerely,

Laura Sampair, FLMI, FFSI, PCS, AAPA, AIAA, AIRC, ARA
Contract Analyst
(612) 342-7081
(612) 342-7531 (fax)
laura.sampair@us.ing.com

Company and Contact

Filing Contact Information

Laura Sampair, laura.sampair@us.ing.com
20 Washington Ave South 612-342-7081 [Phone]
Minneapolis, MN 55401 612-342-7081 [FAX]

Filing Company Information

SERFF Tracking Number: *INGD-126393117* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *44556*
 Company Tracking Number: *1315-02/10*
 TOI: *L04I Individual Life - Term* Sub-TOI: *L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*

Product Name: *ING TermSmart 2010 Term Life Insurance Policy*
 Project Name/Number: *ING TermSmart 2010 Term Life Insurance Policy/1315-02/10*

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: \$125.00
 Retaliatory? Yes
 Fee Explanation: \$125 Per Filing (Higher Retaliatory Fee)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$125.00	01/13/2010	33487175

SERFF Tracking Number: *INGD-126393117* State: *Arkansas*
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Fixed/Indeterminate Premium - Single Life*
Product Name: *ING TermSmart 2010 Term Life Insurance Policy*
Project Name/Number: *ING TermSmart 2010 Term Life Insurance Policy/1315-02/10*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/14/2010	01/14/2010

SERFF Tracking Number: *INGD-126393117* *State:* *Arkansas*
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Product Name: *ING TermSmart 2010 Term Life Insurance Policy*
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Disposition

Disposition Date: 01/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *INGD-126393117* State: *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Accelerated Benefit Disclosure	Yes	Yes
Form	Indeterminate Premium Term Life Insurance Policy to Age 95 with Exchange Option and Premium Adjustment Provisions	Yes	Yes

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Form Schedule

Lead Form Number: 1315-02/10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1315-02/10	Policy/Contract/Fraternal Certificate	Indeterminate Premium Term Life Insurance Policy to Age 95 with Exchange Option and Premium Adjustment Provisions	Initial		50.000	AR 1315.pdf

**RELIASTAR LIFE INSURANCE COMPANY
A STOCK COMPANY**

INSURED [JOHN DOE]
POLICY DATE: [February 15, 2010]
POLICY NUMBER: [68000001]

WE AGREE TO PAY the Death Proceeds to the Beneficiary on the death of the Insured while your policy is in force, subject to your policy provisions.

WE ALSO AGREE to provide the other rights and benefits of your policy, subject to its provisions.

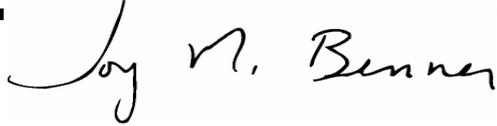
PLEASE READ YOUR POLICY CAREFULLY

RIGHT TO EXAMINE PERIOD. You have the right to examine and return your policy. You may return it by mail or other delivery to the agent who sold it to you or to the ING Customer Service Center within 30 days after you receive it. It will then be void from the beginning. Once you have returned your policy during the Right to Examine Period, we will refund all premiums paid.

Your policy is signed for ReliaStar Life Insurance Company by:



[Donald W. Britton
President]



[Joy M. Benner
Secretary]

In your policy, "you" and "your" refer to the Owner of this policy; "we", "us" and "our" refer to ReliaStar Life Insurance Company.

**YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95
WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING.**

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

RELIASTAR LIFE INSURANCE COMPANY

Home Office:
[Minneapolis, Minnesota]

ING Customer Service Center:
[P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, North Dakota 58703-0890
Toll Free Number: 1-877-886-5050]

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We place a copy of your application and any amendments, endorsements and riders at the end of your policy provisions and these documents are part of your policy.

[File/print for 15 year version]

POLICY DATA - SCHEDULE

POLICY NUMBER	[68000001]
POLICY DATE	[February 15, 2010]
ISSUE DATE	[February 15, 2010]
ENDING DATE	[February 15, 2070]
LEVEL PREMIUM PERIOD	[15] YEARS
OWNER	[JOHN DOE]
INSURED	[JOHN DOE]
AGE/GENDER	[35 MALE]
RISK CLASS	[STANDARD NO TOBACCO]
PREMIUM MODE	[ANNUAL]
STATED DEATH BENEFIT	[\$100,000.00]
INITIAL MODAL PREMIUM AMOUNT	[\$343.00]

PREMIUM MODE

	Annual	Semi-Annual	Quarterly	Monthly EFT
TOTAL FIRST POLICY YEAR PREMIUM	[\$343.00]	[\$178.36]	[\$90.90]	[\$30.01]

See the discussion of Premium Modes at the end of the Schedule of Annual Premiums by Year for more information about the Premium Modes and the cost of paying premiums more frequently than annually.

COVERAGE TYPE	Stated Death Benefit/Rider Benefit	Years of Coverage	First Policy Year Annual Premium
Term Insurance Policy	[\$100,000.00]	[60]	[\$143.00]
Annual Policy Fee	--	--	[\$200.00]
[Special Class Extra Premium]	--	--	[\$0.00]
[Flat Extra Premium for [XX] Policy Year[s]]	--	--	[\$0.00]
[Accidental Death Benefit Rider]	[\$0.00]	[0]	[\$0.00]
[Children's Term Insurance Rider]	[\$0.00]	[0]	[\$0.00]
[Waiver of Premium Rider (Disability)]	--	[0]	[\$0.00]
Total First Policy Year Annual Premium	--	--	[\$343.00]

See schedule of maximum premiums by policy year for policy and rider annual premiums after the first policy year.

EXCHANGE OPTION

Your policy may be exchanged for a new policy on or before the earlier of the policy anniversary coinciding with the Insured's Age 70 or 5 years before the end of the Level Premium Period.

POLICY DATA-SCHEDULE OF ADDITIONAL BENEFITS AND RIDERS

For benefit amounts and premiums, if any, see Schedule page 3. For details on the benefits provided by each Rider, see the Rider provisions.

[ACCELERATED BENEFIT RIDER]

[ACCIDENTAL DEATH BENEFIT RIDER]

[CHILDREN'S TERM INSURANCE RIDER]

[WAIVER OF PREMIUM RIDER (DISABILITY)]

[print for 15 year version]

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR

Maximum premiums are shown below, and the premium actually charged will never be higher than the amounts shown.

Policy Year	Base Policy*	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
1	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
2	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
3	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
4	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
5	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
6	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
7	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
8	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
9	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
10	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
11	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
12	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
13	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
14	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
15	[\$343.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$343.00]
16	[\$1,362.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$1,362.00]
17	[\$1,457.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$1,457.00]
18	[\$1,586.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$1,586.00]
19	[\$1,726.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$1,726.00]
20	[\$1,905.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$1,905.00]
21	[\$2,125.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$2,125.00]
22	[\$2,349.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$2,349.00]
23	[\$2,591.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$2,591.00]
24	[\$2,797.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$2,797.00]
25	[\$3,035.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$3,035.00]
26	[\$3,322.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$3,322.00]
27	[\$3,672.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$3,672.00]
28	[\$4,099.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$4,099.00]
29	[\$4,579.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$4,579.00]
30	[\$5,083.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$5,083.00]
31	[\$5,615.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$5,615.00]
32	[\$6,154.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$6,154.00]
33	[\$6,700.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$6,700.00]
34	[\$7,288.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$7,288.00]
35	[\$7,897.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$7,897.00]
36	[\$8,635.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$8,635.00]
37	[\$9,461.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$9,461.00]

*Amounts in this column include premium for the base policy, the policy fee and any special class and flat extra premiums.

POLICY DATA - SCHEDULE OF MAXIMUM ANNUAL PREMIUMS BY YEAR (CONTINUED)

Policy Year	Base Policy*	[Accidental Death Benefit Rider]	[Children's Term Insurance Rider]	[Waiver of Premium Rider (Disability)]	Maximum Total Annual Premium
38	[\$10,546.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$10,546.00]
39	[\$11,691.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$11,691.00]
40	[\$12,895.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$12,895.00]
41	[\$14,211.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$14,211.00]
42	[\$15,646.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$15,646.00]
43	[\$17,312.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$17,312.00]
44	[\$19,258.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$19,258.00]
45	[\$21,505.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$21,505.00]
46	[\$23,955.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$23,955.00]
47	[\$26,744.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$26,744.00]
48	[\$29,649.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$29,649.00]
49	[\$32,782.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$32,782.00]
50	[\$36,250.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$36,250.00]
51	[\$40,125.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$40,125.00]
52	[\$44,419.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$44,419.00]
53	[\$49,109.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$49,109.00]
54	[\$54,135.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$54,135.00]
55	[\$59,438.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$59,438.00]
56	[\$64,971.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$64,971.00]
57	[\$70,176.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$70,176.00]
58	[\$75,601.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$75,601.00]
59	[\$81,323.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$81,323.00]
60	[\$87,368.00]	[\$0.00]	[\$0.00]	[\$0.00]	[\$87,368.00]

*Amounts in this column include premium for the base policy, the policy fee and any special class and flat extra premiums.

Premium Modes. There is no additional charge if premiums are paid annually. If premiums are paid semi-annually, quarterly or monthly there is an additional Modal Premium Charge. To determine semi-annual, quarterly, and monthly payment amounts for each policy year, multiply the amount in each column above by the appropriate Gross Modal Factor shown below, round the results to the nearest penny and total the results. To determine the corresponding Modal Premium Charge for each payment, multiply the amount in each column above by the appropriate Modal Premium Charge Factor shown below and total the results.

<u>PREMIUM MODE</u>	<u>Modal Premium Charge Factor</u>	<u>Gross Modal Factor</u>
Semi-Annual	[0.0200]	[0.5200]
Quarterly	[0.0150]	[0.2650]
Monthly EFT	[0.004167]	[0.0875]
Monthly List Bill	[0.008667]	[0.0920]
Monthly Military Allotment	[0.004167]	[0.0875]
Monthly Direct	[0.011667]	[0.0950]

Paying premiums more frequently than annually results in a higher total premium for the same amount of coverage. More specifically, paying premiums on a semiannual basis results in approximately a [4.00]% increase in total premiums paid. Paying premiums on a quarterly basis results in approximately a [6.00]% increase in total premiums paid. Paying premiums on a monthly basis results in an increase in total premiums paid ranging from approximately [5.00]% to [14.00]%, depending on the monthly option selected.

TERMS TO UNDERSTAND

This section identifies some of the important terms that are used throughout your policy that have special meaning. It is a reference to where we have defined and more fully discussed these terms.

Age: See the Age section on page 8

Beneficiary: See the Beneficiaries section on page 8

Death Proceeds and Stated Death Benefit: See the Death Benefit section on page 6

Ending Date: See the Policy Dates and Periods section on page 5

ING Customer Service Center: See the ING Customer Service Center section on page 10

Insured: See the Insured section on page 8

Issue Date, Policy Date, Policy Anniversary, and Policy Year: See the Policy Dates and Periods section on page 5

Level Premium Period: See the Premiums section on page 5

Owner: See the Owner section on page 8

Right to Examine Period: See the Right to Examine Period on the Cover Page

Settlement Options: See the Settlement Options section on page 10

INSURANCE COVERAGE PROVISIONS

POLICY DATES AND PERIODS

Issue Date

The Issue Date is the date we issue the policy on the life of the Insured. We show the Issue Date in your Schedule and it may be later than the Policy Date if the policy is backdated to save age.

Policy Date

The Policy Date is the effective date for all coverage provided under your policy. No coverage may take effect under your policy unless (1) we receive the required initial premium for your policy, (2) the policy has been delivered to you, and (3) there has been no change in the insurability of the proposed Insured from the date of your policy application to the later of the date we receive the required initial premium or the date of policy delivery.

We show the Policy Date in your Schedule. It is the date from which we measure Policy Anniversaries, Policy Years, and the Ending Date. A Policy Anniversary occurs each year on the same month and day as the Policy Date. The period between the Policy Date and the first Policy Anniversary, or from one Policy Anniversary to the next, is a Policy Year.

Ending Date

The Ending Date is the date on which all coverage provided under your policy ends, unless coverage is terminated earlier than this date as provided herein. We show the Ending Date in your Schedule.

Right to Examine Period

The Right to Examine Period is the number of days after delivery of your policy during which you have the right to examine your policy and return it for a refund. For details, see the Cover Page.

PREMIUMS

Your initial premium must be paid on or before the date your policy is delivered. In order for a premium to be effective it must be received at the ING Customer Service Center. All premiums after the initial premium are due and payable on or before the date they are due and must be mailed to us at the ING Customer Service Center. A premium receipt signed by an officer of the Company will be furnished upon request.

During the Level Premium Period, as shown in the Schedule, premiums for this policy are level for the period elected by you at the time of application. Premiums for riders, if any, may not be level during the Level Premium Period.

After the Level Premium Period, premiums may change each year but will not exceed the amounts shown in the Schedule of Maximum Premiums by Year. Before each Policy Year begins, written notice of the premiums for that year will be sent to you. Premiums may not be adjusted more than once each Policy Year. Any adjustment of premiums will be based on appropriate actuarial factors and expectation of future investment earnings, mortality, persistency and expenses. Each adjustment will be on a uniform basis for all Insureds of the same Age, gender and risk class whose policies have been in force for the same length of time. No change in risk class for this policy will occur because of deterioration of health or change in occupation.

You may select a premium mode and pay your premiums once, twice, four or twelve times a year. We have the right, however, not to accept a premium payment of an amount less than \$25.00.

If you decide to pay premiums once a year, your annual premium will be due on your Policy Anniversary. Should you decide to pay premiums more than once a year, your semi-annual premiums will be due every six months, your quarterly premiums will be due every three months and your monthly premiums will be due every month. In each year, one of the premium due dates must fall on your Policy Anniversary. Except as otherwise provided in this policy, this policy will automatically terminate at the end of the Grace Period if any premium is not paid when due.

DEATH BENEFIT

Stated Death Benefit

We show the Stated Death Benefit in your Schedule. It is the amount of insurance coverage provided under your policy.

Death Proceeds

Death Proceeds is the amount we pay at the Insured's death. It equals:

- a. The Stated Death Benefit as of the date of the Insured's death; plus
- b. Any added benefit provided by rider; plus
- c. A pro rata portion of any premium paid beyond the month of the Insured's death; minus
- d. Any unpaid premium then due.

We will pay the Death Proceeds within 7 days of when we receive due proof of the death claim. Due proof of the death claim means we have received:

- a. Due proof of the Insured's death;
- b. Sufficient information to determine the identity of the legally entitled beneficiaries; and
- c. Sufficient evidence that any legal impediments to payment that depend on parties other than us are resolved. Such legal impediments include, but are not limited to, the establishment of guardianships and conservatorships, the appointment and qualification of trustees, executors and administrators and our receipt of information required to satisfy state and federal reporting requirements.

Any Death Proceeds we pay are subject to adjustments as provided in the Misstatement of Age or Gender, Suicide Exclusion and Incontestability sections. We will pay the Death Proceeds in one lump sum unless you request an alternate method of payment. We describe these alternate methods of payment in the Settlement Options Provisions.

We will pay interest on the lump sum Death Proceeds from the date of the Insured's death to the date of payment. We will compute interest at a rate required by law from the date of death to the date the proceeds are paid.

GENERAL POLICY PROVISIONS

YOUR POLICY

Your policy, including a copy of your application and any Schedules, amendments and endorsements make up your entire contract between you and us. We will attach a copy of your original application to your policy at issue. In the absence of fraud, we will consider all statements made in your initial application, and any application for reinstatement, as representations and not warranties. No statement will be used to deny a claim unless it is in an application that is made part of your policy.

Both our President or another officer, and our Secretary or Assistant Secretary must sign all changes to your policy. No other person can change any of your policy's terms and conditions.

Your policy does not participate in our surplus earnings.

EXCHANGE OPTION

Subject to the conditions described below, your policy may be exchanged for a new policy which is acceptable to us at the time of the exchange. Any riders attached to your policy at the time of the exchange may be included in the new policy subject to their availability and our approval. Your written request for an exchange must be made in advance and no premium may be outstanding at the time of the request.

If you do not exchange your policy, it will continue to provide term coverage to the Ending Date according to its terms.

Evidence of insurability is not required to exercise this exchange option unless the new policy and any riders contain new benefits not contained in your policy or any riders attached to your policy at the time of the exchange. In this case, evidence of insurability may be required but it will be limited to evidence that relates to the new benefits not contained in your policy or any attached riders.

The conditions on which you may exercise this option are:

- a. Your policy may be exchanged on or before the earlier of the policy anniversary coinciding with the Insured's Age 70 or 5 years before the end of the Level Premium Period;
- b. The death benefit of the new policy may not exceed the Stated Death Benefit of your policy on the effective date of the exchange. The effective date of the exchange is the date we receive your application for exchange accompanied by the initial premium for the new policy;
- c. The death benefit of the new policy may not be less than the minimum required for the new policy;
- d. The new policy will be in the same risk class as your policy if available at the time of the exchange, otherwise, in the most comparable risk class available at the time. The premium will be based on rates in effect for the Age, gender and risk class of the Insured at the time of the exchange; and
- e. The new policy will have a policy date and issue Age corresponding to the effective date of the exchange.

The suicide and incontestability periods in any new policy that is issued pursuant to the exercise of this exchange option will be measured from the Issue Date of this policy, unless the new policy contains new benefits not contained in your policy. In this case, the suicide and incontestability provisions of the new policy applicable to the new benefits will be measured from the issue date of the new policy.

NOTICE AND PROCEDURES

You should send any notice to the ING Customer Service Center located at P.O. Box 5011, Minot, ND 58702-5011. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. We may require a return of your policy or proof of your lost policy for the termination of your policy. We are not liable for any action we take before we receive and record your written notification at the ING Customer Service Center.

In the event of the death of the Insured, please let us know as soon as possible. Once we receive notification of the Insured's death, we will promptly send claim filing instructions to you or the Beneficiary. We may require proof of Age and a certified copy of the death certificate. We may require the Beneficiary and next of kin to sign authorizations as part of due proof of the death claim. These authorization forms allow us to obtain information about the decedent, including, but not limited to, medical records of physicians and hospitals used by the decedent.

AGE

Age is the age of the Insured on his or her birthday nearest to the Policy Date. We issue your policy at the Age shown in your Schedule.

INSURED

The Insured is the person whose life is insured by your policy. The Insured's name is shown in your Schedule and the Insured may or may not be the Owner of your policy.

OWNER

The original Owner is the person or entity named as the Owner in your application. The words "you" and "your" in this policy refer to the Owner.

You, as the Owner, can exercise all rights and receive the benefits until the Insured's death. This includes the right to change the Owner, beneficiaries and methods for the payment of Death Proceeds. You may name a new Owner by sending us notice. Unless you state otherwise, the new Owner designation will take effect on the date you sign the notice, subject to any payment made or actions taken prior to receipt of your notice at the ING Customer Service Center. All rights of the Owner are subject to the rights of any assignee and any irrevocable Beneficiary.

BENEFICIARIES

Your Beneficiary designation will be on file with us. Until the Insured's death, you may name a new Beneficiary by sending us notice. An irrevocable Beneficiary cannot be changed without the consent of the irrevocable Beneficiary. Unless you state otherwise, the new Beneficiary designation will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. We will pay Death Proceeds to the Beneficiaries listed on your most recent Beneficiary designation and we will not be subject to multiple payments.

We will pay the Death Proceeds to the primary Beneficiary or Beneficiaries surviving the Insured's death. If no primary Beneficiaries survive the Insured's death, we will pay the surviving contingent Beneficiary or Beneficiaries. If more than one Beneficiary in a class survives the Insured's death, they will share the Death Proceeds equally, unless your Beneficiary designation provides otherwise. We will pay the Death Proceeds to you or your estate if there is no surviving designated Beneficiary.

ASSIGNMENT

You may assign your policy as security by giving us notice. Unless you state otherwise, the assignment will take effect on the date you sign the notice, subject to any payments or actions we take prior to receipt of your notice at the ING Customer Service Center. The rights of the Owner and beneficiaries are subject to the assignment. We are not liable for the validity of any assignment.

INCONTESTABILITY

After your policy has been in force during the lifetime of the Insured for two years from the Issue Date, we will not contest its validity except for nonpayment of premiums. After your policy has been in force during the lifetime of the Insured for two years from the date of any reinstatement, we will not contest its validity except for nonpayment of premiums. We will base any contest only on statements made in your application for your policy and application for reinstatement, as applicable; and the statements must be material to the risk accepted or the hazard assumed by us. Notwithstanding the above, we may contest your policy at any time if it was procured by fraud, as permitted by the law of the state in which your policy was delivered.

MISSTATEMENT OF AGE OR GENDER

We will adjust the death benefit if the Insured's Age or gender has been misstated. Notwithstanding the Incontestability section, the death benefit will be that which the premium would have purchased at the Insured's correct Age and gender.

SUICIDE EXCLUSION

If the Insured commits suicide, while sane or insane, while the policy is in force and within two years of the Issue Date, we will make a limited payment to the Beneficiary. We will pay in one lump sum the amount of all premiums paid to us for your policy. Coverage under your policy will then terminate.

TERMINATION

Your policy will terminate and all coverage provided by your policy will end upon the earliest of:

- a. The date your policy lapses (when the grace period ends without payment of the required premium);
- b. The date we receive notice of your written request to terminate or exchange your policy;
- c. The Ending Date; or
- d. The date of the Insured's death.

GRACE PERIOD

After the initial premium, premiums must be paid by the 31st day after the due date or this policy will terminate. Premium sent to us by U.S. mail and postmarked within the grace period shall be deemed to be paid within the grace period. The policy will be in force during this 31 day grace period and if the Insured dies during the grace period, we will deduct from the Death Proceeds any due and unpaid premium.

REINSTATEMENT

If this policy terminates for failure to pay the required premium by the end of the grace period, you may reinstate it within three years of the date of termination if you provide us with:

- a. A written application for reinstatement on a form acceptable to us;
- b. Evidence of insurability satisfactory to us;
- c. Payment of all overdue premiums with 6.00% interest compounded annually up to the date of reinstatement; and
- d. Payment of any premiums due within 60 days following the date of reinstatement.

ING CUSTOMER SERVICE CENTER

The ING Customer Service Center is located at P.O. Box 5011, Minot, ND 58702-5011. For overnight delivery, the address is 2000 21st Ave NW, Minot, ND 58703-0890. Unless we give you notice otherwise, you should send all notices and requests to the ING Customer Service Center.

SETTLEMENT OPTIONS PROVISIONS

SETTLEMENT OPTION SELECTION

A Settlement Option provides for payment of Death Proceeds in other than a lump sum. You may select a Settlement Option by giving us notice before the death of the Insured. If you have not selected a Settlement Option, the Beneficiary may select a Settlement Option by giving us notice prior to our payment of the lump sum Death Proceeds. A payee that is not a natural person may not be named without our consent.

SETTLEMENT OPTIONS

- a. **Settlement Option I - Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year for a designated period that may be 5 to 30 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each \$1,000.00 of Death Proceeds applied is in Settlement Table I.
- b. **Settlement Option II - Life Income with Payments for a Designated Period.** Based on your selection, we will pay annual, semi-annual, quarterly or monthly installments per year throughout the payee's lifetime, or if longer, for a period of 5, 10, 15 or 20 years. The installment dollar amounts will be equal except for any excess interest as described below. The amount of the first monthly payment for each \$1,000.00 of Death Proceeds applied is in Settlement Option Table II. This Settlement Option is available only for ages shown in the table. Payments for Settlement Option II will be determined by using the 2000 Individual Annuitant Mortality Table for the appropriate gender at 1.50% interest annually.
- c. **Settlement Option III - Hold at Interest.** You may leave amounts on deposit with us that we will pay on the death of the payee, or at any earlier date you select. Interest on any unpaid balance will be at the rate declared by us or at any higher rate required by law. You select whether interest will be left on deposit with us and accumulated or paid in monthly, quarterly, semi-annual or annual payments each year. You may not leave any amount on deposit for more than 30 years.
- d. **Settlement Option IV - Payments of a Designated Amount.** Based on your selection, we will pay a designated amount in annual, semi-annual, quarterly or monthly equal installments per year until the Death Proceeds, together with interest at the rate declared by us or at any higher rate required by law, are exhausted.
- e. **Settlement Option V - Other.** Settlement may be made in any other manner as agreed in writing between you (or the Beneficiary) and us.

SETTLEMENT OPTION CHANGES AND WITHDRAWALS

You may change any Settlement Option at any time before the death of the Insured. If you have given the Beneficiary the right to make changes, or if the Beneficiary has selected the Settlement Option, the Beneficiary (as primary payee) may take the following actions:

- a. Make a change from Settlement Options I, III, and IV to another Settlement Option;
- b. Take a full withdrawal under Settlement Option III or IV; and partial withdrawals of not less than \$300.00 under Settlement Option III;
- c. Commute and receive in one sum the present value of any remaining installments under Settlement Option I at 1.50% interest annually; and
- d. Change any contingent payee designation.

You may give us notice requesting a change or withdrawal. We may require that you send in the supplementary policy or provide proof of your lost policy. We may defer payment of a commuted payment and any withdrawals for a period up to 6 months.

SETTLEMENT OPTION EXCESS INTEREST

We may declare an interest rate above the guaranteed rate on Settlement Options I, II, III and IV. The crediting of excess interest for one period does not guarantee the higher rate for other periods.

SETTLEMENT OPTION MINIMUM AMOUNTS

The minimum amount you may apply under any Settlement Option is \$2,000.00. If the payments to the payee are ever less than \$20.00, we may change the frequency of payments to result in payments of at least that amount.

SUPPLEMENTARY POLICY

When a Settlement Option becomes effective, we will surrender your policy in exchange for a supplementary policy. It will provide for the manner of settlement and rights of the payees. The supplementary policy's effective date will be the date of the Insured's death. The first payment under Settlement Options I, II, and IV will be payable as of the effective date. The first interest payment under Settlement Option III will be made as of the end of the interest payment period selected. We will make subsequent payments in accordance with the frequency of payment selected. You may not assign the supplementary policy or payments without our consent.

INCOME PROTECTION

Unless otherwise provided in the Settlement Option Changes and Withdrawals section above or in the selection of the Settlement Option, a payee does not have the right to commute, transfer or encumber amounts held or installments to become payable. To the extent provided by law, the Death Proceeds, retained amounts and installments are not subject to any payee's debts, policies or engagements.

DEATH OF PRIMARY PAYEE

On the primary payee's death, we will continue any payments certain under Settlement Option I or II, interest payments under Settlement Option III, or payments under Settlement Option IV to the contingent payee, or release any amounts in one lump sum, if permitted by your policy. The final payee will be the estate of the last to die of the primary payee and any contingent payee.

PAYMENTS OTHER THAN MONTHLY

The tables that follow show monthly installments for Settlement Options I and II. To arrive at annual, semi-annual or quarterly payments, multiply the appropriate figures by 11.813, 5.957 or 2.991 respectively. We will provide factors for other periods certain, or for other options provided by mutual agreement, on reasonable request.

SETTLEMENT OPTION TABLES

SETTLEMENT OPTION I (Per \$1,000.00 of Death Proceeds)

No. of Years Payable	Monthly Installment	No. of Years Payable	Monthly Installment
5	\$17.28	18	\$5.27
6	\$14.51	19	\$5.03
7	\$12.53	20	\$4.81
8	\$11.04	21	\$4.62
9	\$9.89	22	\$4.44
10	\$8.96	23	\$4.28
11	\$8.21	24	\$4.13
12	\$7.58	25	\$3.99
13	\$7.05	26	\$3.86
14	\$6.59	27	\$3.75
15	\$6.20	28	\$3.64
16	\$5.85	29	\$3.54
17	\$5.55	30	\$3.44

We base these monthly installments on an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female
(Per \$1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain		Life With 20 Years Certain	Female	Life With 5 Years Certain	Life With 10 Years Certain
15	1.92	1.92	1.92	1.92	41	2.57	2.56	2.56	2.55
16	1.94	1.94	1.94	1.94	42	2.61	2.60	2.60	2.59
17	1.95	1.95	1.95	1.95	43	2.65	2.64	2.64	2.63
18	1.97	1.97	1.97	1.97	44	2.69	2.69	2.68	2.67
19	1.99	1.99	1.99	1.99	45	2.74	2.73	2.73	2.71
20	2.01	2.01	2.01	2.00	46	2.79	2.78	2.77	2.76
21	2.02	2.02	2.02	2.02	47	2.84	2.83	2.82	2.80
22	2.04	2.04	2.04	2.04	48	2.89	2.88	2.87	2.85
23	2.06	2.06	2.06	2.06	49	2.94	2.94	2.92	2.90
24	2.08	2.08	2.08	2.08	50	3.00	2.99	2.98	2.95
25	2.10	2.10	2.10	2.10	51	3.06	3.05	3.03	3.00
26	2.13	2.12	2.12	2.12	52	3.12	3.11	3.09	3.06
27	2.15	2.15	2.15	2.14	53	3.19	3.18	3.16	3.12
28	2.17	2.17	2.17	2.17	54	3.26	3.25	3.22	3.18
29	2.19	2.19	2.19	2.19	55	3.33	3.32	3.29	3.24
30	2.22	2.22	2.22	2.21	56	3.41	3.39	3.36	3.30
31	2.25	2.24	2.24	2.24	57	3.49	3.47	3.43	3.37
32	2.27	2.27	2.27	2.27	58	3.58	3.56	3.51	3.44
33	2.30	2.30	2.30	2.29	59	3.67	3.65	3.59	3.51
34	2.33	2.33	2.32	2.32	60	3.77	3.74	3.68	3.58
35	2.36	2.36	2.35	2.35	61	3.87	3.84	3.77	3.66
36	2.39	2.39	2.39	2.38	62	3.98	3.94	3.86	3.73
37	2.42	2.42	2.42	2.41	63	4.10	4.05	3.96	3.81
38	2.46	2.45	2.45	2.44	64	4.22	4.16	4.06	3.88
39	2.49	2.49	2.49	2.48	65	4.35	4.29	4.16	3.96
40	2.53	2.53	2.52	2.51	66	4.49	4.42	4.27	4.04

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Female (Continued)
 (Per \$1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Female	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
67	4.64	4.55	4.38	4.11
68	4.80	4.69	4.49	4.19
69	4.97	4.85	4.61	4.26
70	5.15	5.00	4.73	4.33
71	5.35	5.17	4.85	4.39
72	5.56	5.35	4.97	4.45
73	5.78	5.53	5.09	4.51
74	6.03	5.72	5.20	4.56
75	6.28	5.92	5.31	4.60
76	6.56	6.12	5.42	4.64
77	6.85	6.32	5.52	4.68
78	7.17	6.53	5.62	4.70
79	7.50	6.74	5.70	4.73
80	7.86	6.95	5.78	4.75
81	8.23	7.15	5.85	4.76
82	8.63	7.35	5.91	4.78
83	9.04	7.54	5.97	4.79
84	9.47	7.71	6.01	4.80
85	9.91	7.88	6.05	4.80
86	10.36	8.03	6.08	4.81
87	10.82	8.17	6.11	4.81
88	11.28	8.29	6.13	4.81
89	11.73	8.40	6.15	4.81
90	12.17	8.50	6.16	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male
(Per \$1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment				Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain		Life With 20 Years Certain	Male	Life With 5 Years Certain	Life With 10 Years Certain
15	1.99	1.99	1.99	1.99	41	2.73	2.73	2.72	2.70
16	2.01	2.01	2.01	2.01	42	2.78	2.78	2.76	2.74
17	2.03	2.03	2.03	2.03	43	2.83	2.82	2.81	2.79
18	2.05	2.05	2.05	2.04	44	2.88	2.87	2.86	2.83
19	2.07	2.07	2.07	2.06	45	2.93	2.93	2.91	2.88
20	2.09	2.09	2.09	2.08	46	2.99	2.98	2.96	2.93
21	2.11	2.11	2.11	2.10	47	3.05	3.04	3.02	2.98
22	2.13	2.13	2.13	2.12	48	3.11	3.10	3.07	3.03
23	2.15	2.15	2.15	2.15	49	3.17	3.16	3.13	3.09
24	2.17	2.17	2.17	2.17	50	3.24	3.22	3.19	3.14
25	2.20	2.20	2.19	2.19	51	3.31	3.29	3.26	3.20
26	2.22	2.22	2.22	2.22	52	3.38	3.36	3.32	3.26
27	2.25	2.25	2.24	2.24	53	3.46	3.44	3.39	3.32
28	2.27	2.27	2.27	2.27	54	3.54	3.52	3.47	3.39
29	2.30	2.30	2.30	2.29	55	3.63	3.60	3.54	3.45
30	2.33	2.33	2.33	2.32	56	3.72	3.68	3.62	3.52
31	2.36	2.36	2.35	2.35	57	3.81	3.77	3.70	3.58
32	2.39	2.39	2.38	2.38	58	3.91	3.87	3.79	3.65
33	2.42	2.42	2.42	2.41	59	4.02	3.97	3.87	3.72
34	2.46	2.45	2.45	2.44	60	4.13	4.08	3.97	3.79
35	2.49	2.49	2.48	2.47	61	4.25	4.19	4.06	3.86
36	2.53	2.52	2.52	2.51	62	4.38	4.30	4.16	3.93
37	2.56	2.56	2.56	2.54	63	4.52	4.43	4.26	4.01
38	2.60	2.60	2.59	2.58	64	4.66	4.56	4.36	4.07
39	2.65	2.64	2.63	2.62	65	4.82	4.69	4.46	4.14
40	2.69	2.68	2.68	2.66					

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

SETTLEMENT OPTION TABLES (CONTINUED)

SETTLEMENT OPTION II
Male (Continued)
 (Per \$1,000.00 of Death Proceeds)

Age of Payee's Nearest Birthday When First Installment is Payable	Monthly Installment			
	Male	Life With 5 Years Certain	Life With 10 Years Certain	Life With 15 Years Certain
66	4.98	4.83	4.57	4.21
67	5.15	4.98	4.68	4.27
68	5.34	5.13	4.78	4.33
69	5.53	5.29	4.89	4.39
70	5.74	5.45	5.00	4.45
71	5.95	5.62	5.10	4.50
72	6.18	5.80	5.21	4.54
73	6.42	5.97	5.31	4.58
74	6.68	6.15	5.40	4.62
75	6.95	6.33	5.49	4.66
76	7.23	6.52	5.58	4.68
77	7.53	6.70	5.66	4.71
78	7.85	6.88	5.73	4.73
79	8.17	7.06	5.80	4.75
80	8.52	7.24	5.86	4.76
81	8.87	7.41	5.92	4.78
82	9.24	7.57	5.97	4.79
83	9.62	7.73	6.01	4.80
84	10.01	7.88	6.05	4.80
85	10.41	8.02	6.08	4.81
86	10.81	8.14	6.10	4.81
87	11.22	8.26	6.13	4.81
88	11.63	8.37	6.14	4.81
89	12.04	8.47	6.16	4.81
90	12.45	8.55	6.17	4.81

We will provide monthly installments for ages not shown on request.

We base these monthly installments on the 2000 Individual Annuitant Mortality Table and an interest rate of 1.50% per year.

**YOUR POLICY IS AN INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY TO AGE 95
WITH EXCHANGE OPTION AND PREMIUM ADJUSTMENT PROVISIONS.
YOUR POLICY IS NONPARTICIPATING.**

PLEASE READ YOUR POLICY CAREFULLY

**YOUR POLICY IS A VALUABLE ASSET
DO NOT ALLOW IT TO TERMINATE WITHOUT CONSULTING US**

The Death Proceeds are payable if the Insured dies while your policy is in force. Premiums are payable to Age 95 or until the Insured's death, whichever comes first. Premiums remain level during the Level Premium Period. After the Level Premium Period, premiums may increase but will never be greater than those shown in the Schedule of Maximum Premiums by Year.

**NOTICE: TO MAKE A CLAIM OR EXERCISE YOUR RIGHTS UNDER THIS POLICY, PLEASE
CONTACT THE ING CUSTOMER SERVICE CENTER AT THE ADDRESS BELOW AND INCLUDE
YOUR POLICY NUMBER:**

RELIASTAR LIFE INSURANCE COMPANY

**Home Office:
[Minneapolis, Minnesota]**

ING Customer Service Center:
[P.O. Box 5011, Minot, ND 58702-5011
2000 21st Avenue NW
Minot, North Dakota 58703-0890
Toll Free Number: 1-877-886-5050]

SERFF Tracking Number: INGD-126393117 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company State Tracking Number: 44556
 Company Tracking Number: 1315-02/10
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: ING TermSmart 2010 Term Life Insurance Policy
 Project Name/Number: ING TermSmart 2010 Term Life Insurance Policy/1315-02/10

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: See attached.		
Attachments: 1315 Flesch Readability Certificate.pdf AR 1315 Certification Reg 19 and 49.pdf AR 115512 Guaranty Ass Notice.pdf AR 125638 Consumer Notice.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: As shown in the filing description under the General Information tab, the following previously approved application will be used with the submitted policy form (approval date provided): 154214 - Term Application - 11/17/09		

	Item Status:	Status Date:
Satisfied - Item: Accelerated Benefit Disclosure		
Comments: The attached Accelerated Benefit Rider Disclosure will be used with the R1372-12/09 Accelerated Benefit Rider that was previously approved by your department on 10/21/09.		
Attachment: 154740 ABR Disclosure - Time of Application.pdf		

**RELIASTAR LIFE INSURANCE COMPANY
Minneapolis, Minnesota**

FLESCH READABILITY CERTIFICATE

I certify that the Certificate form included in this submission has been printed in not less than ten point type.

The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text of the form.

The section titles are captioned in bold face type. The layout and spacing of the form separate the paragraphs from each other and from the border of the paper.

Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in this form.

Flesch Scale Reading Ease Score

I have supervised the computation of the Flesch scale reading ease score of this form, using the complete text of the form except for headings, indexes and tabular material, and the scores are listed below.

The readability score was calculated by computer. The software used for this calculation was Microsoft Word.

Form Number	Flesch Reading Ease Score
1315-02/10	50.0

Signed:



Terry Stumpf
Assistant Secretary

Date:

November 20, 2009

**ARKANSAS
CERTIFICATION**

Re: 1315-02/10 Indeterminate Premium Term Life Insurance Policy to Age 95 with Exchange Option and Premium Adjustment Provisions

As an officer of ReliaStar Life Insurance Company, I hereby certify that this submission meets the provisions of Rule 19 Unfair Sex Discrimination in the Sale of Insurance, Rule and Regulation 49 Life and Health Insurance Guaranty Association Notices and all applicable requirements of the Arkansas Insurance Department.

RELIASTAR LIFE INSURANCE COMPANY

By: 

Terry Stumpf, Assistant Secretary

Date: December 8, 2009

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of this Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in the state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Acts coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity, or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However persons holding such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

RELIASTAR LIFE INSURANCE COMPANY
Administrative Office
2000 21st Avenue NW
Minot, North Dakota 58703-0890

**NOTICE TO POLICYHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

As our policyholder, your satisfaction is very important to us. If you have a question about your policy, if you need assistance with a problem, or if you have a claim, you should first contact your insurance agent or us at:

1-877-882-5050

Should you have a valid claim, we fully expect to provide a fair settlement in a timely fashion.

Should you feel you are not being treated fairly with respect to a claim, you may contact the Arkansas Department of Insurance with your complaint. To contact the Department, write or call:

**Arkansas Insurance Department
Consumer Services Division
Third and Cross Streets
Little Rock, AR 72201
(501) 371-2640
(501) 371-2749 Fax
or call: 1-800-852-5494**

ACCELERATED BENEFIT RIDER DISCLOSURE

ReliaStar Life Insurance Company

20 Washington Avenue South, Minneapolis, MN 55401

A member of the ING family of companies

ING Customer Service Center: PO Box 5011, Minot, ND 58703-5011



READ THE RIDER CAREFULLY

Receipt of an Accelerated Benefit payment may be taxable, and assistance should be sought from a personal tax advisor. Receipt of an Accelerated Benefit payment may adversely affect the recipient's eligibility for Medicaid or other government benefits or entitlements.

There is no additional premium required for the Accelerated Benefit Rider; instead, an actuarial discount is associated with the acceleration and an Administrative Expense Charge is assessed upon the exercise of the benefit.

- We will pay an Accelerated Benefit, at the Policy Owner's request, if the Insured has a Qualifying Condition. A Qualifying Condition is a non-correctable medical or physical condition that, with a reasonable degree of medical certainty, will result in the Insured's death in 12 months or less from the date of receipt of a Physician Statement. Refer to the Rider for more details.
- The Policy Owner may request an acceleration of a portion of the Stated Death Benefit, subject to a minimum Accelerated Benefit of \$5,000 and a maximum Accelerated Benefit equal to the lesser of 25% of the Stated Death Benefit or \$250,000. We will pay the amount requested reduced by:
 - An actuarial discount based on, (1) the annual rate of interest declared by us, and (2) the then current premium;
 - An amount equal to any current Policy loan and accrued loan interest, multiplied by the Benefit Ratio (the Benefit Ratio is equal to the amount accelerated divided by the Stated Death Benefit); and
 - An Administrative Expense Charge of \$150.

The remainder will be paid to the Policy Owner. Other conditions and limitations, as described in the Rider, may apply.

- The Accelerated Benefit will be paid in a lump sum, unless the Policy Owner requests and we agree to payment in some other manner.
- Following an Accelerated Benefit payment, the Policy's Stated Death Benefit, any Cash Value, any outstanding Policy loan, the required premium for the Policy (excluding any policy fee), and premium for any Waiver of Premium Rider (Disability) will all be reduced by the Benefit Ratio. We will mail to the Policy Owner, for attachment to the Policy, an endorsement or amended schedule page that details the changes to the Policy that result from the Accelerated Benefit payment.
- Following an Accelerated Benefit payment, this Rider will terminate. Continued premium payment is required in order to keep the Policy in force.
- If a Waiver of Premium Rider (Disability) is attached to the Policy and in force, and the Insured's Qualifying Condition began before the Policy Anniversary when the Insured reaches age 60, then after an Accelerated Benefit payment the Insured will be deemed to be Totally Disabled for as long as the Physician Statement continues to apply.

An example of the effect of an Accelerated Benefit request of \$25,000 is shown below.¹

Before Acceleration		Requested Acceleration = \$25,000		After Acceleration	
Stated Death Benefit	\$100,000	Benefit Ratio	25%	Stated Death Benefit	\$75,000
Premium	\$500	Actuarial Discount ²	\$625	Premium	\$375
Policy Loan ³	\$6,000	Loan Repayment ³	\$1,500	Policy Loan ³	\$4,500
Cash Value ³	\$10,000	Administrative Expense Charge	\$150	Cash Value ³	\$7,500
		Net Payment to Owner	\$22,725		

I acknowledge that I have received and read this summary which has been furnished to me with the Policy/Rider application.

➡ Policy Owner Signature _____ Date _____

➡ Agent/Producer Signature _____ Date _____

¹This example is illustrative only and is not intended to show actual values.

²Assumes hypothetical interest rate of 5%.

³Cash Value and Policy loans, if any, are only available with the ROP Endowment Term life insurance.