

SERFF Tracking Number: STAN-126929344 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 47435
Company Tracking Number: TSAF II RIDER
TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
Product Name: TSAF II Rider
Project Name/Number: TSAF II Rider/TSAF II Rider

Filing at a Glance

Company: Standard Insurance Company

Product Name: TSAF II Rider

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: STAN-126929344 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 47435

Co Tr Num: TSAF II RIDER

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Rachel Crowley, Billie Jo Hayhurst

Disposition Date: 12/06/2010

Date Submitted: 12/02/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: TSAF II Rider

Project Number: TSAF II Rider

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/06/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Trust

Explanation for Other Group Market Type:

State Status Changed: 12/06/2010

Created By: Billie Jo Hayhurst

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Billie Jo Hayhurst

Filing Description:

Enclosed, please find the above mentioned forms which are being submitted to your department for filing and approval.

Upon approval, this form will be attached to and made part of our Group Annuity Contract Form GAC (01/99) approved by your office on March 3, 1999. The Group Annuity Contract serves as a funding vehicle for pension, profit-sharing, or deferred compensation plan.

The Stable Asset Fund Rider, TSAF II Rider (12/10), is an optional fund election that is valued daily.

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Company and Contact

Filing Contact Information

Billie Jo Hayhurst, Compliance Analyst bhayhurs@standard.com
 1100 SW Sixth Ave 971-321-3351 [Phone]
 P8A 971-321-7998 [FAX]
 Portland, OR 97204

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
 1100 SW 6th Avenue Group Code: 1348 Company Type: Life Insurance
 Portland, OR 97204 Group Name: SIC State ID Number:
 (971) 321-6823 ext. [Phone] FEIN Number: 93-0242990

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 for Rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$50.00	12/02/2010	42566925

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/06/2010	12/06/2010

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Disposition

Disposition Date: 12/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	TSAF II Rider (12/10)		Yes

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Form Schedule

Lead Form Number: TSAF II Rider

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TSAF II Rider (12/10)	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	TSAF II Rider (12/10)	Initial		45.400	TSAF II Rider.pdf

STANDARD INSURANCE COMPANY

The Standard Stable Asset Fund Rider

This Rider is made a part of the Group Annuity Contract between you and our Company. All the terms used in this Rider have the same meaning as those described in the Contract.

A. Description. The Standard Stable Asset Fund (the "SAF") will be in the nature of an account showing a general liability against us on your behalf. As such, there will be no particular segregated or identifiable assets ascribed to it. Withdrawals from and transfers to and from the SAF are permitted as described in Items G and H, below.

B. Deposits. Deposits to the SAF are made in accordance with the provisions of Article III of the Group Annuity Contract.

C. Valuation. The value of the SAF is an amount equal to (A) minus (B), where:

A is the sum of:

- (1) the deposits to the SAF;
- (2) transfers into the SAF from any other Investment Fund; and
- (3) interest credited to the SAF.

B is the sum of:

- (1) the SAF's expenses
- (2) Transfers from the SAF to another Investment, and
- (3) distributions from the SAF.

The SAF is valued daily.

D. Determination of the SAF Interest Rate. Prior to the beginning of each calendar quarter, we will declare and publish the effective interest rate for the upcoming calendar quarter.

E. Limit on Competing Funds. A "Competing Fund" is defined as a money market mutual fund, another stable value fund, or a cash equivalent fund. We have discretion in determining whether a particular investment option is a Competing Fund. The SAF may not be offered as a Plan Investment option if any other Competing Fund is offered by the Plan.

F. Limitations on Benefit Withdrawals. In addition to the limitations on Benefit Withdrawals listed in Item A.2 of the Group Annuity Contract, we reserve the right, in our discretion, to delay for up to six (6) months any Benefit Withdrawal in excess of twenty-five percent (25%) of the total SAF assets as of the January 1st

of the year in which the Benefit Withdrawal is requested. During any such delay we will continue to credit interest to the SAF.

- G. Limitations on Contractowner Withdrawals.** The following replaces the provisions of Item B. Contractowner Withdrawals of **Article IV - Benefits or Withdrawals** of the Group Annuity Contract.

Contractowner Withdrawals

1. Description. Contractowner withdrawals include any withdrawals you make that are not defined as Benefit Withdrawals in Article IV, Item A. Benefit Withdrawals of the Group Annuity Contract.
2. Participant-Initiated Withdrawals and Transfers. Participant-initiated withdrawals or transfer requests directly or indirectly arising out of corporate acts such as spin-offs, divestitures, corporate relocations, layoffs, retirement incentive programs, partial or total Plan terminations, or the liberalization of Plan withdrawal or transfer rules, are all Contractowner Withdrawals. Such payments are not treated as Benefit Withdrawals.
3. Valid Instructions Required. Before any Contractowner Withdrawal is made, we will need valid instructions from you.
4. Delay Due to Certain SAF Conditions. We may delay a Contractowner Withdrawals due to certain SAF conditions, as follows:
 - a. If the total amount of all transfers and withdrawals from the SAF in a calendar year exceeds twenty-five percent (25%) of the total SAF assets as of the January 1st of the year in which the Contractowner Withdrawal is requested, the Contractowner withdrawal will be subject to the provisions of Item G.5.
 - b. If the total amount of the requested Contractowner Withdrawal exceeds twenty-five percent (25%) of the total SAF assets as of the January 1st of the year in which the Contractowner Withdrawal is requested, the Contractowner withdrawal will be subject to the provisions of Item G.5.

This Item 4 will not apply if we terminate the Group Annuity Contract and/or this Rider under the provisions of Section A.2 of Article VII of the Group Annuity Contract, or Item J of this Rider.

5. Withdrawals. Withdrawals of all or a part of your assets from the SAF are subject to the following limitations.
- a. Payment in a Lump Sum. We will disburse the assets of the SAF fund in a single lump sum on the termination effective date and per your Written Directions if the SAF's interest rate as of the termination effective date is greater than or equal to the Five-Year Constant Maturity Treasury Bond Yield plus two hundred (200) basis points, calculated as of the last day of the month preceding our receipt of your **Written Notice**.
 - b. Installment Payments. If the SAF's interest rate as of the termination effective date is less than the Five Year Constant Maturity Treasury Bond Yield plus two hundred (200) basis points, we will disburse the assets of the SAF under the following provisions. You may also elect to have us disburse the assets in accordance with Item G.5.c, below.

We will disburse the assets in six (6) annual payments over five (5) years. For that period, we will guarantee an interest rate to be credited to the SAF's unpaid balance which will not change over the five-year disbursement period. That rate will equal the interest rate applicable to the period in which the SAF termination effective date occurs, minus twenty-five (25) basis points notwithstanding the above, at any time during an installment period, we may at our option elect to disburse the remaining balance of the SAF in a single lump sum.

- c. Present Value in a Lump Sum. In lieu of the Installment Payments described in Item b above, you may give us Written Instructions to distribute the present value of such installment payments in a single lump sum. The present value will be determined based on our established practices as of the termination effective date, but will never be less than the value of the SAF as calculated using the installment payments in b. above discounted using the Five Year Constant Maturity Treasury Bond Yield plus two hundred (200) basis points.

However, we may in our discretion delay such a lump sum payment for up to six (6) months from the date we receive your written instructions. During such a period we will continue to credit interest to the SAF, and we will continue to disburse Benefit Withdrawals as described in Section A of Article IV of the Group Annuity Contract.

Notwithstanding the above, we will disburse SAF assets occurring as a result of the Plan's termination or disqualification in a single lump sum payment, or as you and we mutually agree.

- H. Modification.** We reserve the right to change the mode of operation of the SAF, but only as to contributions or transfers directed to this Account on or after the effective date of the modification. The effective date of any modification shall be the first day of the next calendar quarter. We shall deliver a Written Notice to you at your last known business address at least sixty (60) days before the modification becomes effective.

- I. Contract Termination.** Upon termination of the Group Annuity Contract or this SAF Rider, assets will be paid out in accordance with the provisions of Item G of this Rider. We may require such indemnities as we deem appropriate as a condition for paying out the funds as requested, or we may refuse to pay out any funds if, in our opinion under all the facts and circumstances known to us at the time, the payout might subject us to liability for a breach of duty pursuant to applicable law.

STANDARD INSURANCE COMPANY



President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Satisfies rules 19 and 49. Flesch Certification not required per section 23-80-204(b)(3).		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: see attached		
Attachment: approved Application RP-6866.pdf		

STANDARD INSURANCE COMPANY

People. Not just policies.®

Application for Retirement Plan Services

Full legal name and address of Applicant:

ABC CORPORATION
Name of corporation, organization or trust

123 ANY STREET
Address

ANYTOWN, USA 00001
City/State/Zip

Plan Name ABC CORPORATION EMPLOYEES RETIREMENT SERVICES

APPROVED

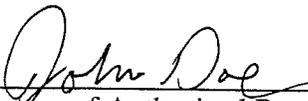
OCT 24 1997

INSURANCE COMMISSIONER
STATE OF ARKANSAS

As an authorized representative of the retirement plan named above, I request that Standard Insurance Company provide financial services pursuant to a group annuity contract, and, if applicable, administrative services, as specified on data sheets.

A check for \$ 9999.99 payable to Standard Insurance Company is enclosed as a pre-payment of installation, financial and administration expenses. In the event that the contract is not adopted on behalf of the plan, this amount will be refundable less any reasonable expenses which Standard Insurance Company has incurred to the date that Standard is notified that the contract will not be adopted. Such expenses will include Standard's employees' time, printing, travel and other expenses as may be reasonably incurred.

In signing below, I acknowledge that I have reviewed this application. If I am signing on behalf of a corporation, organization or trust, I certify that I have been expressly authorized to do so.


Signature of Authorized Representative

PRESIDENT
Title

JOHN DOE
Print or Type Name of Authorized Representative

JANUARY 1, 1998
Date

Original to Standard Insurance Company