

SERFF Tracking Number: INGD-126691482 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company State Tracking Number: 46067
 Company Tracking Number: 155583-10
 TOI: A02G Group Annuities - Deferred Non-variable Sub-TOI: A02G.002 Flexible Premium
 Product Name: 155583-10
 Project Name/Number: /

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: 155583-10

TOI: A02G Group Annuities - Deferred Non-variable

Sub-TOI: A02G.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: INGD-126691482 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 46067

Co Tr Num: 155583-10

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Michele Michaud, Nancy Pare, Patricia Smith, Melissa Cheyney

Disposition Date: 07/19/2010

Date Submitted: 06/26/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The domicile state is being filed concurrently.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 07/19/2010

Explanation for Other Group Market Type:

State Status Changed: 07/19/2010

Deemer Date:

Created By: Patricia Smith

Submitted By: Patricia Smith

Corresponding Filing Tracking Number:

Filing Description:

See cover letter for filing description.

Company and Contact

Filing Contact Information

Patricia Smith, Assistant Secretary

Patricia.Smith@us.ing.com

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One Orange Way 860-580-2846 [Phone]
 Windsor, CT 06095 860-580-4842 [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: \$125.00
 Retaliatory? Yes
 Fee Explanation: AR's fee is \$50 per form and MN's fee is \$125 per filing. Since \$125 is greater than \$100, the greater retaliatory fee has been submitted.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$125.00	06/26/2010	37570839

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/19/2010	07/19/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/15/2010	07/15/2010	Patricia Smith	07/18/2010	07/19/2010
Pending Industry Response	Linda Bird	06/29/2010	06/29/2010	Michele Michaud	07/15/2010	07/15/2010

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Disposition

Disposition Date: 07/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *INGD-126691482* State: *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document (revised)	Life & Annuity - Acturial Memo		No
Supporting Document	Life & Annuity - Acturial Memo	Replaced	No
Supporting Document	SOV's and Filing Cover Letter		Yes
Supporting Document	Consumer Notification		Yes
Supporting Document	Certification		Yes
Form	Group Fixed Deferred Annuity Contract		Yes
Form	Certificate Of Coverage For Group Fixed Deferred Annuity Contract		Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/15/2010
Submitted Date 07/15/2010
Respond By Date 08/16/2010

Dear Patricia Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Thank you for your notice of compliance with Ark. Code Ann. 23-79-138, however we did not received notice of your compliance with Regulation 19s10B. The Actuarial Memorandum was not included in your response.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/18/2010
Submitted Date 07/19/2010

Dear Linda Bird,

Comments:

We apologize for items not being included in the response. They are included herewith. Pat

Response 1

Comments: I have attached the Actuarial Memorandum and the required Certification in Supporting Documentation. Thank you for your patience and consideration. Pat

Related Objection 1

Comment:

Thank you for your notice of compliance with Ark. Code Ann. 23-79-138, however we did not received notice of your compliance with Regulation 19s10B. The Actuarial Memorandum was not included in your response.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Life & Annuity - Acturial Memo

Comment:

Satisfied -Name: Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Melissa Cheyney, Michele Michaud, Nancy Pare, Patricia Smith

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/29/2010
Submitted Date 06/29/2010
Respond By Date 07/29/2010

Dear Patricia Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

You should also file an Actuarial Memorandum.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/15/2010
Submitted Date 07/15/2010

Dear Linda Bird,

Comments:

Thank you for your quick response.

Response 1

Comments: Please see the attached consumer notification as requested.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

You should also file an Actuarial Memorandum.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Consumer Notification

Comment: Please see attached notification.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,

Melissa Cheyney, Michele Michaud, Nancy Pare, Patricia Smith

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Form Schedule

Lead Form Number: Form No. 155583-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. 155583-10	Policy/Contract Certificate	Group Fixed Deferred Annuity Contract	Initial		0.000	Form No. 155583-10.pdf
	Form No. 156109-10	Certificate	Certificate Of Coverage For Group Fixed Deferred Annuity Contract	Initial		0.000	Form No. 156109-10.pdf

RELIASTAR LIFE INSURANCE COMPANY

A Stock Company
Home Office
20 Washington Avenue South
Minneapolis, MN 55401

RIGHT TO EXAMINE AND CANCEL CONTRACT

The Group Contract Holder may cancel this contract by giving written notice of cancellation to ING Service Center, PO Box 5050, Minot, ND 58702-5050 (Service Center), or to the agent from whom the Group Contract Holder bought the contract and by returning the contract before midnight of the thirtieth (30th) day after the date the Group Contract Holder receives the contract. The cancellation will be effective as of the Issue Date of the contract. We will refund the full amount of any Purchase Payments we received under this contract to the Group Contract Holder. We will not refund any Premium Bonus applied to this contract.

This page, the following pages, the application and any incorporated endorsements make up the entire contract. This contract is a legal contract and constitutes the entire legal relationship between the Company and the Group Contract Holder.

NOTICE

This contract is a legal contract between the Group Contract Holder and ReliaStar Life Insurance Company. **READ THIS CONTRACT CAREFULLY.**

This is a group contract under which we maintain individual accounts for each Annuitant. We issue Certificates to reflect each Annuitant's account under this contract. This contract funds a Deferred Compensation Plan established under Section 457 of the Internal Revenue Code of 1986, as amended. All rights and benefits hereunder remain the rights and property of the Group Contract Holder shown on the Contract Data Page.

If the Annuitant is living on the Start Date, we will make Annuity Payouts subject to the terms of this contract. You may change the Start Date, the Annuity Payout Option, or both, as shown in the contract.

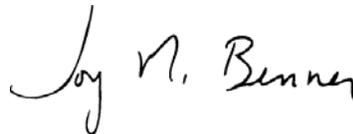
If the Annuitant dies while his or her Certificate is in effect, we will pay the Death Benefit when we receive written notice of death.

We issue this contract in consideration of the attached application(s) and the payment of Purchase Payments according to the terms of this contract.

The provisions on the following pages are a part of this contract, which is issued at Minneapolis, Minnesota.



President



Secretary

APPROVED _____

GROUP FIXED DEFERRED ANNUITY CONTRACT
Nonparticipating
FLEXIBLE PURCHASE PAYMENTS
ANNUITY PAYABLE AT START DATE

Table of Contents

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RELIASTAR LIFE INSURANCE COMPANY

CONTRACT DATA PAGE

GROUP FIXED DEFERRED ANNUITY CONTRACT

CONTRACT INFORMATION

CONTRACT NUMBER [123456789]

GROUP CONTRACT HOLDER [ABC Group Plan]

ISSUE DATE [08/01/10]

Minimum Initial Purchase Payment For Each Certificate [\$10,000 to \$50,000]

Maximum Purchase Payment Without Prior Approval For Each Certificate [\$500,000 to \$1,000,000]

Guaranteed Minimum Interest Rate [1.00% - 3.00%] (annual effective yield)

Premium Bonus [3.00% - 6.00%] (available only on Purchase Payments made in the first Certificate Year)

Section 1 - The Plan

Plan Information. This contract funds a Deferred Compensation Plan ("Plan") established by the Group Contract Holder under Code Section 457.

The Annuitant performs or has performed services for the Group Contract Holder as an employee or independent contractor.

Any terms or provisions not defined or explained in this contract which govern the interpretation or administration of the Plan shall be as provided in the Plan. We are not a party to the Plan and are not liable to provide benefits under the Plan.

Section 2 - Definitions

Annuitant. Any person who performs or has performed services for the Group Contract Holder and who participates under this contract pursuant to the Plan. The Annuitant is the person whose life determines the Annuity Payouts payable under a Certificate at the Start Date.

Annuity Payout. A series of periodic payments which do not vary in amount and are guaranteed as to principal and interest.

Annuity Payout Date. Unless we agree otherwise, the first business day of any calendar month in which an Annuity Payout is made under the contract.

Beneficiary. The Group Contract Holder is the sole Beneficiary under the contract and Certificates. The Annuitant may designate a beneficiary under the Plan.

Certificate. The Certificate of Coverage issued to the Annuitant which describes the exclusions, definitions and provisions to which the Annuitant is subject under this contract. We issue Certificates to reflect each Annuitant's account under this contract.

Certificate Issue Date. The date a Certificate is issued to an Annuitant under this contract. The Certificate Issue Date is shown on the Annuitant's Certificate of Coverage.

Certificate Value. The total of the Purchase Payments plus any Premium Bonus paid on behalf of an Annuitant who holds a Certificate under this contract plus interest credited, but less any previous withdrawals, amounts used to provide Annuity Payouts and any applicable taxes.

Certificate Year. Each twelve (12) month period starting with the Certificate Issue Date. A Certificate Year begins on the same day and month as the Certificate Issue Date each year that the Certificate remains in force.

Code. The Internal Revenue Code of 1986, as amended.

Intermediate Care Facility. A facility which:

1. Is primarily engaged in providing, in addition to room and board, basic care under the supervision of a Physician;
2. Provides continuous basic care including physical, emotional, social and other restorative services twenty four (24) hours a day by or under the supervision of a Registered Nurse, or a Licensed Practical Nurse; and
3. Maintains a daily medical record of each patient.

Licensed Hospital. A Licensed Hospital means the following:

1. Is licensed as a hospital by the state in which it is located;
2. Is supervised by a staff of licensed Physicians; and
3. Operates primarily for the care and treatment of sick and injured inpatients for a charge.

Licensed Practical Nurse. A state licensed practical or vocational nurse (L.P.N.).

Long Term Care Facility. A Long Term Care Facility means any of the following:

1. A Skilled Nursing Facility;
2. An Intermediate Care Facility; or
3. A Residential Care Facility.

A **Long Term Care Facility** does not mean any of the following:

1. An institution that primarily treats drug addiction or alcoholism;
2. A home for the aged or mentally ill;
3. A community living center; or
4. An institution that provides residency or retirement care.

Notice of Terminal Illness. A written statement acceptable to us, signed by a Physician, which:

1. Gives the Physician's diagnosis of the Annuitant's noncorrectable medical condition;
2. Includes documentation supported by clinical, radiological or laboratory evidence of the condition; and
3. States that, with reasonable medical certainty, the noncorrectable medical condition will result in the Annuitant's death in six (6) months or less from the date of the Notice.

At our expense, we reserve the right to have a Physician of our choosing examine the Annuitant. In the event the Physician we choose provides a different diagnosis of the Annuitant's medical condition, we reserve the right to rely on the Notice from the Physician of our choosing.

Physician. An individual who is licensed to practice medicine and treat illness or injury in the state which the treatment is received and who is acting within the scope of that license.

Premium Bonus. A percentage of an applicable Purchase Payment(s) that is credited to an Annuitant's account by us. This amount is in addition to the Purchase Payment(s). A Premium Bonus will only be credited on Purchase Payments received during the first Certificate Year.

Purchase Payments. Amounts paid to us on behalf of an Annuitant. These include periodic, single lump sum and transfer payments.

Registered Nurse. A state licensed registered graduate professional nurse (R.N.).

Residential Care Facility. A facility which:

1. Provides care primarily to meet the basic personal needs (such as feeding or personal hygiene) under the supervision of a Registered Nurse, a Licensed Practical Nurse, or a Licensed Vocational Nurse; and
2. Can provide such care to three (3) or more persons.

Skilled Nursing Facility. A facility which:

1. Is primarily engaged in providing, in addition to room and board, professional services under the supervision of a Physician;
2. Provides continuous skilled nursing service twenty four (24) hours a day by or under the supervision of a Registered Nurse; and
3. Maintains a daily medical record of each patient.

Start Date. Pursuant to the Plan document, the date on which the entire Certificate Value maintained on behalf of an Annuitant is used to purchase an Annuity Payout. The Start Date for each Annuitant must comply with the Code and applicable regulations.

Terminal Illness. A disability defined as a noncorrectable medical condition that, with reasonable medical certainty, will result in the Annuitant's death in six (6) months or less from the date of Notice of Terminal Illness signed by a Physician.

we, us, our. ReliaStar Life Insurance Company at its Home Office in Minneapolis, Minnesota.

written, in writing. A written request or notice signed, dated, and received at an address designated by us in a form we accept. You may ask us for the forms.

you, your. The Group Contract Holder shown in the application.

A. The Contract

The entire contract includes this contract, the Contract Data Page(s), the application(s), and any attached endorsements. All statements made by or on behalf of anyone covered by this contract are representations and not warranties. Only material misstatements found in the attached application(s) may be used to cancel this contract or as our defense if we refuse to pay a claim.

The Group Contract Holder (you) controls the contract. All rights in this contract rest with the Group Contract Holder, who is entitled to all amounts held under this contract. The Group Contract Holder shall be the sole representative to us under this contract. We will deal only with the Group Contract Holder except as otherwise specified in the contract or agreed to by us, and we shall be entitled to rely upon any action taken or omitted by the Group Contract Holder pursuant to the terms of the contract.

We may rely on your written directives and shall not be liable for any failure to question or challenge such directives regarding Annuity Payouts or the payment of cash distributions.

If this contract is used in connection with a Code Section 457 plan that satisfies the requirements of Code Section 457(e)(1)(A) (i.e., a governmental 457 plan), the Group Contract Holder agrees that all amounts maintained under this contract, and any amounts withdrawn or paid from this contract, will be utilized for the exclusive benefit of Annuitants and their Beneficiaries.

If this contract is used in connection with deferred compensation plans sponsored by tax-exempt organizations under Code Section 457(b), participation in the contract is limited to only a select group of management or highly compensated employees of the Group Contract Holder. It is the Group Contract Holder's responsibility to determine an individual's eligibility to participate in this contract. We are not responsible for making this determination.

This contract may be used in connection with deferred compensation plans under Code Section 457(b) that are sponsored by tax-exempt, nonqualified church-controlled organizations exempt from Title I of the Employee Retirement Income Security Act of 1974 (ERISA), and which are not churches, as defined in Code Section 3121(w)(3)(a), as amended, or qualified church-controlled organizations, as defined in Code Section 3121(w)(3)(b), as amended. If the contract is used in connection with such plans, it is the Group Contract Holder's responsibility to determine the plan's and sponsoring organization's status under ERISA and the Code. We are not responsible for making these determinations.

B. Modification of Contract

Only our President or Secretary may change this contract on our behalf. No agent or any other person may change this contract. Any change must be in writing.

Except as noted below, this contract may be changed at any time by written mutual agreement between the Group Contract Holder and us. For changes we initiate requiring Group Contract Holder consent, we notify the Group Contract Holder sixty (60) calendar days in advance of the change and consider that the Group Contract Holder has agreed to the change unless we receive written notice that the Group Contract Holder does not agree to the change at least thirty (30) calendar days before the date the change becomes effective.

If we propose a change requiring Group Contract Holder consent and the Group Contract Holder does not agree to the change, we have the right not to establish new Annuitant accounts and to stop accepting Purchase Payments to existing Annuitant accounts.

We have the right to change the following without Group Contract Holder consent:

1. Systematic Withdrawals (see Section 5)

We may change systematic withdrawal options by notifying the Group Contract Holder in writing at least thirty (30) calendar days before the date the change becomes effective. If we do this, the change will not take effect until at least twelve (12) months after any previous change. Any change will not apply to Annuitants or Beneficiaries on whose behalf payments are being received under an option before the date the change becomes effective.

2. Annuity Options (see Section 6)

We may change Annuity options by notifying the Group Contract Holder in writing at least thirty (30) days before the date the change becomes effective. If we do this, the change will not take effect until at least twelve (12) months after the Issue Date of the contract, or until at least twelve (12) months after any previous change. Any change will not apply to Annuitants or Beneficiaries on whose behalf Annuity Payouts are being received before the date the change becomes effective.

3. Mortality Table (see Section 6)

We may change the mortality table by notifying the Group Contract Holder in writing at least thirty (30) calendar days before the date the change becomes effective. If we do this, the new table will not apply to accounts established for Annuitants before the date the change becomes effective.

A unilateral change will not apply to an account established for an Annuitant before the date the change becomes effective, but will apply to an account established for an Annuitant on or after the date the change becomes effective. If we make a unilateral change, the Group Contract Holder or Annuitants, as applicable, are permitted to terminate participation in the contract before the date the change becomes effective under the terms of the contract in effect prior to the date the change becomes effective.

In addition, we may change this contract as required to comply with state and federal law without Group Contract Holder consent by notifying the Group Contract Holder at least thirty (30) calendar days before the date the change becomes effective.

Section 4 - Purchase Payments

A. General

Purchase Payments must be cash or a cash equivalent and are payable at our Service Center. We maintain individual accounts for each Annuitant under this contract.

Purchase Payments may be made at any time before the Start Date while the Annuitant's Certificate is in force. The initial Purchase Payment must at least equal the minimum as shown on the Contract Data Page. Within Internal Revenue Service ("IRS") limitations, the amount and frequency of additional Purchase Payments may vary, but they must be at least \$50 unless we waive this minimum on a nondiscriminatory basis. We may choose not to accept an additional Purchase Payment(s), on a nondiscriminatory basis, if the additional Purchase Payment(s) cause(s) the total of all Purchase Payments received for a Certificate to exceed \$500,000.

B. Rollover Contributions

If this contract is issued in connection with a Code Section 457 plan that satisfies the requirements of Code Section 457(e)(1)(A) (i.e., a governmental 457 plan), then to the extent provided by the plan and as we may allow on a nondiscriminatory basis, this contract shall accept contributions that are considered rollover eligible amounts in accordance with Code Section 402(c)(4) from an eligible retirement plan described in Code Section 402(c)(8)(B). A separate accounting shall be maintained for amounts so contributed including a separate account for the portion of such contribution that is subject to Code Section 72(t).

C. Premium Taxes

Some states impose a premium tax that may affect the Certificate Value. If premium taxes apply, we reserve the right to deduct those taxes from the Purchase Payment(s) upon receipt or from the Certificate Value at a later date.

D. Interest Crediting

We will credit interest to the Certificate Value beginning on the date we receive Purchase Payment(s) made on behalf of an Annuitant until it is withdrawn. Interest will be credited and compounded daily to the Certificate Value using the daily equivalents of effective yearly interest rates. This refers to the yield that results after interest has compounded daily for a full year.

We guarantee an effective yearly interest rate called the Guaranteed Minimum Interest Rate, which is shown on the Contract Data Page. We may credit interest in excess of the Guaranteed Minimum Interest Rate. Any interest rate in excess of the Guaranteed Minimum Interest Rate will be declared at the beginning of the period for which it is payable.

In setting interest rates, we consider many factors, including, but not limited to investment yield rates, taxes, contract persistency, and other experience factors. There may be more than one interest rate in effect at any time under this contract.

E. Failure to Make Purchase Payments

If Purchase Payments made on behalf of an Annuitant stop, the Certificate will stay in force and continue to earn interest in accordance with the terms of this contract.

F. Premium Bonus

We will credit a Premium Bonus equal to a percentage of each Purchase Payment received in the first Certificate Year. The applicable percentage is shown on the Contract Data Page. Each Premium Bonus will be credited on the date we receive the associated Purchase Payment. We will credit interest on each Premium Bonus beginning on the date the Premium Bonus is credited to the Annuitant's account.

Section 5 - Withdrawals

A. General

You may request a full or partial withdrawal of an Annuitant's Certificate Value by sending us a written request. We reserve the right to deduct premium taxes, if applicable, and other state or federal taxes from the Certificate Value on the date the withdrawal is taken. Withdrawals may be subject to a Withdrawal Charge as described below.

By law, we have the right to defer payment of withdrawals for up to six (6) months from the date we receive your request after making written request and receiving written approval of the Insurance Commissioner.

B. Order of Withdrawal

Withdrawals will be made on a last-in, first-out basis. The most recent Purchase Payment, Premium Bonus and interest accrued thereon will be the first to be withdrawn from the Certificate Value.

C. Withdrawal Charge

We may assess a Withdrawal Charge on withdrawals of all or a portion of the Certificate Value, unless it is waived under this Section. The Withdrawal Charge will vary according to the Certificate Year during which the withdrawal is taken and is determined as shown in the table below.

In computing withdrawals, the Withdrawal Charge, if any, will be deemed a part of the withdrawal, but will not be received by you.

Certificate Year	Withdrawal Charge (Percentage of Certificate Value Withdrawn)
1st	9%
2nd	8%
3rd	7%
4th	6%
5th	5%
6th	4%
7th	3%
8th and later	0%

Each Certificate Year is measured from the Issue Date of the Certificate.

D. Full Withdrawal

If you request a withdrawal of the entire Certificate Value maintained on behalf of the Annuitant, we will pay the full Withdrawal Value applicable to that Certificate. For a full withdrawal of the Certificate Value, we calculate the Withdrawal Value as follows:

$$\text{Withdrawal Value} = \text{Certificate Value} \text{ minus Withdrawal Charge}$$

We will pay the Withdrawal Value to you in a lump sum, less any applicable taxes.

Withdrawal of the entire Certificate Value will result in termination of the Certificate in accordance with Section 11, and we have no further obligation.

E. Partial Withdrawal

You may withdraw a portion of the Certificate Value maintained on behalf of the Annuitant. For a partial withdrawal, we calculate the Withdrawal Value as follows:

$$\text{Withdrawal Value} = \text{Certificate Value Withdrawn} \\ \text{minus Withdrawal Charge}$$

Some or all of the amount withdrawn may be eligible for a waiver of the Withdrawal Charge as described below.

No more than four (4) partial withdrawals of the Certificate Value maintained on behalf of an Annuitant are allowed in any twelve (12) month period, unless you request a form of systematic withdrawal on behalf of the Annuitant as described below in Systematic Withdrawals. Unless we agree, on a nondiscriminatory basis, each partial withdrawal must be at least \$300, or \$100 for systematic withdrawals. Following a partial withdrawal, the remaining Certificate Value must be at least \$1,000.

Any Withdrawal Charges and applicable taxes will not be included in the amount payable.

F. Waiver of Withdrawal Charge

We will not apply the Withdrawal Charge:

1. To the portion of the withdrawal on behalf of the Annuitant that represents the penalty free amount available in a twelve (12) month period. Each twelve (12) month period begins with the first withdrawal on behalf of the Annuitant of that period.

The penalty free amount available at any point in time in a twelve (12) month period is determined by using the following formula:

A x B - C, where:

A = Penalty free withdrawal percentage of ten percent (10%).

B = Certificate Value as of the date the first withdrawal on behalf of the Annuitant occurs in the current twelve (12) month period.

C = Total penalty free amount withdrawn on behalf of the Annuitant in the current twelve (12) month period prior to the time of withdrawal.

Up to four (4) penalty free withdrawals on behalf of the Annuitant are available in each twelve (12) month period.

If any withdrawal during a twelve (12) month period causes the total amount withdrawn on behalf of the Annuitant to exceed the penalty free amount available, the amount withdrawn in excess will be subject to a Withdrawal Charge.

2. If the distribution is paid upon the Annuitant's death.
3. To any portion of the Certificate Value used to purchase an Annuity Payout Option under this contract.
4. On any withdrawal taken after the fifth (5th) Certificate Year, if the Annuitant is eligible for a distribution under the Plan and has separated from service after attaining age fifty-five (55).
5. On any withdrawal made to comply with minimum distribution requirements of Code Section 401(a)(9) as amended, and any applicable regulations thereunder. This waiver applies only to withdrawals needed for the Annuitant's account to meet the minimum distribution requirements.
6. For withdrawals taken if the Annuitant:
 - a. Is eligible for a distribution under the Plan;
 - b. Becomes disabled within the meaning of IRC Section 72(m)(7) after the Issue Date of the Certificate;

- c. Is receiving Social Security disability or state long-term disability benefits; and
 - d. Notifies us in writing of the disability prior to receiving the withdrawal.
7. If the Annuitant is eligible for a distribution under the Plan, and if the Annuitant has been confined to a Licensed Hospital or qualified Long Term Care Facility after the Issue Date for a period of sixty (60) consecutive days prior to the Annuitant's request. Satisfactory proof of the Annuitant's confinement period will be required. To qualify, the Long Term Care Facility must:
- a. Be licensed by an appropriate licensing agency to provide nursing care;
 - b. Provide 24-hour-a-day nursing services;
 - c. Have a doctor available for emergency situations;
 - d. Have a nurse on duty or on call at all times;
 - e. Maintain clinical records; and
 - f. Have appropriate methods for administering drugs.

8. If the Annuitant is eligible for a distribution under the Plan, if the Annuitant develops a Terminal Illness, and you request on behalf of the Annuitant a full withdrawal equal to the Death Benefit.

The benefit is payable based on the Annuitant's Terminal Illness. Only one benefit will be paid under this provision. The benefit is payable in lieu of any other benefit payable on behalf of the Annuitant.

The benefit will be determined as of the date the Notice of Terminal Illness is received at our Service Center. Upon payment of the benefit the Certificate terminates in accordance with the terms of the contract.

In order for a Terminal Illness benefit to be payable the following conditions must be met:

- a. Diagnosis of Terminal Illness must occur prior to the Start Date; and
- b. Notice acceptable to us must be received prior to the Start Date and during the Annuitant's lifetime.

No benefit under this provision will be paid if the Annuitant's Terminal Illness results from intentional self-inflicted injuries.

G. Systematic Withdrawals

You may request in writing that partial withdrawals on behalf of the Annuitant be made on a monthly, quarterly, semi-annual or annual basis. Each of these withdrawals is subject to the minimum and maximum payment amounts described above.

Any request to terminate Systematic Withdrawal payments must be made in writing.

H. Deduction of Third Party Administrator (TPA) Fees

Upon your written direction, and upon your confirmation that such deduction is permitted under the terms of your Plan, we will deduct from the Certificate Value amounts you specify to pay costs associated with a third party administrator engaged by you to administer the Plan in accordance with its terms, the Code and applicable regulations. We will deduct such amounts at the frequency specified by you, provided such frequency is agreed to by us. We will not retain any such amounts deducted but will pay them to the third party administrator as directed by you. Such deductions will not be subject to Withdrawal Charges.

If you do not direct such deductions, we may in our discretion elect to pay all or a part of third party administrator expenses of your Plan in accordance with Section 7K of the contract (Plan Administration Subsidy).

I. Transfer to Another Plan

The Group Contract Holder (on behalf of the Annuitant if applicable), may transfer the amount withdrawn to another Code Section 457 plan, subject to the rules of the plan and applicable regulations. Such transfers will be subject to any applicable Withdrawal Charges.

J. Rollovers

The Group Contract Holder, on behalf of an Annuitant in a plan maintained by a governmental entity, may request rollover of such amount that qualifies as an eligible rollover distribution in accordance with Code Section 402(c)(4) and applicable regulations to an eligible retirement plan as described in Code Section 408(c)(8)(B). Such rollovers will be subject to any applicable Withdrawal Charges. For a plan maintained by a tax-exempt entity, a rollover of withdrawal is not allowed.

K. Federal Taxes

Some or all of the withdrawal, including any Premium Bonus, may be income on which an Annuitant for whom you requested the withdrawal must pay tax. We must report such income according to the tax laws. We may also be required to withhold taxes from amounts otherwise payable. In addition, under certain circumstances there may be tax penalties if you make a withdrawal on behalf of an Annuitant who has not attained age 59 1/2.

Section 6 - Annuity Benefits

A. Application of Certificate Value

Upon receipt of your request on behalf of an Annuitant for an Annuity Payout, we apply all or a portion of the Certificate Value maintained on the Annuitant's behalf to provide an Annuity Payout. If the amount to be annuitized on the date the Annuity Payout is scheduled to begin is less than \$2,000, we may pay the Withdrawal Value of the amount to be annuitized in a lump sum. We reserve the right to deduct premium taxes, if applicable, and other state or federal taxes from the Certificate Value on any Annuity Payout Date, as required by law.

B. Annuity Payout Options

You may select an Annuity Payout on the Annuitant's behalf by sending us a written request. This request must be received by us at least thirty (30) days before the Annuity Payout is scheduled to begin. If the Annuitant has not selected a required minimum distribution payment method, we will provide an Annuity Payout Option of life with ten (10) year period certain at age eighty-five (85), unless we are notified otherwise in writing.

The following options are available for Annuity Payouts:

Annuity Payout Option 1.

Installments for Life with or without a Fixed Period Certain.

We will pay the proceeds in equal installments for as long as the Annuitant lives. If a 120-month Fixed Period Certain is chosen, we guarantee to make payments for at least 120 months. If the Annuitant dies before the end of the 120-month Fixed Period Certain, we will pay the remaining guaranteed payments to the person selected by the Annuitant to receive such payments.

For each \$1,000 of Certificate Value applied, the Annuity Payout Option 1 Table in this Section 6 shows the guaranteed minimum rate for each installment under an Annuity Payout. The rate depends upon:

1. Whether the 120-month Fixed Period Certain is chosen; and
2. The Annuitant's adjusted age on his/her birthday nearest the date the first installment is due.

**Annuity Payout Option 2.
Joint and Survivor Annuity Payout.**

We will pay the proceeds in equal installments for as long as either the Annuitant or the joint Annuitant is alive.

For each \$1,000 of Certificate Value applied, the Annuity Payout Option 2 Table in this Section 6 shows the guaranteed minimum rate for each installment at various ages under an Annuity Payout.

Annuity Payout Option 3.

We will pay the proceeds in equal installments over a minimum length of time of five (5) years. The maximum length of time that we will pay equal installments is thirty (30) years, but may not be longer than the life expectancy of the Annuitant. The Annuity Payout Option 3 Table is shown in this Section 6.

Annuity Payout Option 4.

We will pay the proceeds under any other Annuity Payouts that we may offer. Contact us for details.

C. Change of Annuity Payout Date

Unless we agree otherwise, the first Annuity Payout Date must be at least sixty (60) days after the Certificate Issue Date and is the first business day of the first calendar month in which an Annuity Payout will be made. You may, on behalf of an Annuitant, change the date an Annuity Payout is scheduled to begin, including the Start Date, by giving us at least thirty (30) days written notice.

D. Frequency and Amount of Payments

Annuity Payouts will be made monthly unless we agree to a different payment schedule. We reserve the right to change the frequency of the annuity payments so that each payment will be at least \$20.

E. Annuity Payouts

The dollar amount of all payments is fixed during the entire period of annuity payments according to the provisions of the Annuity Payout Option selected.

Guaranteed minimum Annuity Payout Option 1 and 2 rates for Annuity Payouts are based upon one-and-a-half percent (1.5%) yearly interest and unisex rates derived from 1983 Table a. Guaranteed minimum Annuity Payout Option 3 rates for Annuity Payouts are based upon one-and-a-half percent (1.5%) yearly interest.

For purposes of calculating the guaranteed payments for a Fixed Annuity, the Annuitant's and joint Annuitant's adjusted age will be used. The Annuitant's and joint Annuitant's adjusted age is his or her age as of the birthday closest to the date that Annuity Payouts begin, reduced by three (3) years for Annuity Payouts that begin during the period of time from January 1, 2010 through December 31, 2019. The Annuitant's and joint Annuitant's age will be reduced by one (1) additional year for Annuity Payouts occurring each succeeding decade.

Other Annuity Payout rates may be available. Contact us for details.

F. Payment of Present Value

Following the death of the Annuitant and any joint Annuitant under an Annuity Payout, we may offer the Beneficiary payment of the present value of the unpaid remaining guaranteed payments if he/she chooses not to continue the Annuity Payout. If the present value is payable, we calculate it this way:

1. We determine the number of unpaid remaining guaranteed payments when we receive proof of death.
2. We discount the remaining guaranteed payments at the rate specified in the terms of the Annuity Payout.

ANNUITY PAYOUT OPTION 1 TABLE (Unisex)

Installments for Life with or without a Fixed Period Certain
Monthly Income for Each \$1,000 of Certificate Value

Payments Guaranteed for a Stated Period of Months

Adjusted Age of Annuitant	Fixed Period in Months	
	None	120
50	\$3.13	\$3.12
51	3.20	3.18
52	3.27	3.25
53	3.34	3.32
54	3.42	3.40
55	3.50	3.48
56	3.59	3.56
57	3.68	3.64
58	3.78	3.74
59	3.88	3.83
60	3.99	3.93
61	4.10	4.04
62	4.23	4.15
63	4.36	4.27
64	4.50	4.40
65	4.65	4.53
66	4.81	4.67
67	4.98	4.81
68	5.16	4.97
69	5.36	5.13
70	5.57	5.29
71	5.80	5.47
72	6.04	5.65
73	6.31	5.84
74	6.60	6.04
75	6.91	6.24
76	7.24	6.44
77	7.61	6.64
78	8.00	6.85
79	8.42	7.05
80	8.88	7.24
81	9.38	7.43
82	9.92	7.62
83	10.50	7.79
84	11.13	7.95
85	11.81	8.09

Rates are based on mortality from 1983 Table a.

Rates for ages and guarantee periods not shown will be provided on request and will be computed on a basis consistent with the rates in the above table.

ANNUITY PAYOUT OPTION 2 TABLE (Unisex)

Joint and Survivor Annuity
Monthly Income for Each \$1,000 of Certificate Value

Adjusted Age of Annuitant	Joint Annuitant's Adjusted Age							
	50	55	60	65	70	75	80	85
50	\$2.74	\$2.85	\$2.94	\$3.01	\$3.06	\$3.09	\$3.11	\$3.12
55	2.85	3.01	3.16	3.27	3.36	3.42	3.45	3.48
60	2.94	3.16	3.37	3.56	3.71	3.82	3.89	3.94
65	3.01	3.27	3.56	3.84	4.09	4.30	4.44	4.54
70	3.06	3.36	3.71	4.09	4.48	4.84	5.12	5.32
75	3.09	3.42	3.82	4.30	4.84	5.40	5.92	6.31
80	3.11	3.45	3.89	4.44	5.12	5.92	6.74	7.48
85	3.12	3.48	3.94	4.54	5.32	6.31	7.48	8.69

Rates for ages not shown will be provided on request and will be computed on a basis consistent with the rates in the above table.

ANNUITY PAYOUT OPTION 3 TABLE

Guaranteed Minimum Monthly Installments
for Each \$1,000 of Certificate Value

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

Annual, semi-annual and quarterly installments may be selected and shall be actuarially equivalent.

A. Evidence of Survival and Misstatement of Age

Before we make any payments, we may require proof of the Annuitant's existence and age. If age has been misstated, the Start Date will be adjusted to reflect the true age.

If age has been misstated and payments have begun under an Annuity Payout, we will change the amounts payable to what the Annuitant is entitled to at the true age. If the misstatement caused us to make an overpayment, we will deduct that amount from future payments. If the misstatement caused us to make an underpayment, we will pay that amount immediately. We will neither credit nor charge interest in such situations.

B. Incontestability

This contract has a two-year contestable period running from its Issue Date. After this contract has been in force for two (2) years from its Issue Date, we cannot claim that the contract is void unless the contract has been terminated in accordance with Section 11.

Each Certificate issued under this contract has a two-year contestable period running from the Certificate Issue Date. After a Certificate has been in force for two (2) years from its Certificate Issue Date, we cannot claim that the Certificate is void unless the Certificate has been terminated in accordance with Section 11.

C. Interest on Death Benefit

Any Death Benefit paid will include interest until the Death Benefit is paid at a rate not less than that required by law.

D. Minimum Benefits

The contract, and any Certificate issued under this contract, is governed by the laws of the state in which the contract is delivered. We guarantee that all annuity values, cash withdrawal values and death proceeds will always be as much as required by the laws of that state.

E. Nonparticipating

This contract does not share in our profits or surplus. No dividends are paid under this contract.

F. Payments and Settlements

All payments and settlements we make are payable from our Service Center. We may require that the contract be returned before payments and settlements are made.

G. Proof of Death

We accept any of the following as proof of death:

1. A certified copy of a death certificate;
2. A certified copy of a decree of a court of competent jurisdiction as to the finding of death; or
3. Any other proof satisfactory to us.

H. Protection of Proceeds

Payments we make under this contract may not be assigned before they are due and, with respect to Certificates issued in connection with a plan that meets the requirements of Code Section 457(e)(1)(A) (i.e., a governmental 457 plan), are not subject to claims of creditors or legal process, except as permitted by law. With respect to contracts issued in connection with deferred compensation plans sponsored by tax-exempt organizations under Code Section 457(b), or tax-exempt, nonqualified church-controlled organizations exempt from Title I of the ERISA, and which are not churches, as defined in Code Section 3121(w)(3)(a), as amended, or qualified church-controlled organizations, as defined in Code Section 3121(w)(3)(b), as amended, Annuitant accounts are subject to the claims of the Group Contract Holder's general creditors. Annuitant accounts are not subject to the claim of any general creditor of the Annuitant or Beneficiary, except to the extent permitted by law.

I. Tax Withholding

We will withhold taxes from any payment made when required by law or regulation.

J. Yearly Statement

At least once each Certificate Year, we will send the Annuitant a report showing the Certificate Value maintained on behalf of the Annuitant. This report will provide any other information required under applicable law or regulation.

K. Plan Administration Subsidy

We may provide Plan administration services to you. Such services may be offered at no or reduced cost. We may also subsidize all or a portion of your Plan administration expenses by paying certain costs associated with your Plan administration personnel and/or certain costs associated with a third party administrator engaged by you to administer the Plan in accordance with its terms, the Code and the applicable regulations. We shall have no obligation to agree to Plan administration subsidy requests, and unless otherwise agreed to in advance by us and you, we may limit or terminate the subsidy with respect to your Plan at our sole discretion. Plan administration subsidies will be paid only to the extent requested by you and agreed to by us in writing. We will determine the availability of a Plan administration subsidy on a basis that is not unfairly discriminatory.

Section 8 - Payments at Death

A. General

At the Beneficiary's election, distribution of all or part of the Death Benefit may be deferred to the extent allowed by law or IRS regulation.

B. Death Benefit

Before the Start Date, the Death Benefit will equal the Certificate Value.

The amount of the Death Benefit, if any, on or after the Start Date, is governed by the Annuity Payout in effect on the Annuitant's death.

C. Payment of Death Benefit

Before we pay the Death Benefit, we will require proof of death and a request for a single sum payment or an Annuity Payout. If a single sum payment of the Death Benefit is elected, we will make payment immediately. If an Annuity Payout is requested, it may be any Annuity Payout that could have been selected under Section 6.

Section 9 - Restrictions on Distributions

A. Required Distributions While Living

Distribution of the Annuitant's entire interest under a Certificate must commence on the first day of April of the year following the year in which the Annuitant reaches age 70 1/2, or retires, whichever is later. To satisfy this distribution requirement, payments may be elected under Section 5, Section 6, or a combination of both. All distributions including distributions made pursuant to an election of a Payout Option shall be made in accordance with the requirements of Code Section 401(a)(9) and 457(d)(2) and applicable regulations thereunder including the minimum distribution incidental benefit rules. For purposes of calculating minimum required distributions, life expectancy will be determined in accordance with Code Section 401(a)(9) and applicable regulations thereunder.

B. Restrictions on Payments at Death

All elections for payments at death must meet the distribution requirements of the Code, applicable regulations, and the Plan.

Section 10 - Amendment and Disclaimer

A. Amendment

By accepting this contract, the Group Contract Holder gives us the right to amend the contract in order to include any future changes relating to the contract's remaining qualification for treatment as an annuity contract under the following:

1. The Code; and
2. IRS rulings, regulations, and requirements.

Any amendment to this contract will be filed with and approved by the appropriate state insurance department, if required, before becoming effective.

B. Disclaimer

We shall be under no obligation for any of the following:

1. To determine whether a Purchase Payment, distribution or transfer under the contract or any Certificate complies with the provisions, terms and conditions of each plan, if applicable, or with applicable law; or
2. For any tax penalties owed by any party resulting from failure to comply with the Code and IRS rulings, regulations, and requirements applicable to this contract.

Section 11 - Termination

A. Termination of Contract

This contract will end when the entire Withdrawal Value under all Certificates is withdrawn on or before the Start Date.

This contract may be terminated by us upon sixty (60) days written notice. Upon termination, no further Purchase Payments will be made or accepted on behalf of any Annuitant. Each Certificate will stay in force until terminated as shown in Section 11.B.

B. Termination of Certificate

A Certificate under the contract will end on the earliest of the following:

1. When the entire Withdrawal Value is withdrawn on or before the Start Date; or
2. When the Certificate Value is paid in a lump sum as the Death Benefit before the Start Date.

In addition, if permitted by law, we reserve the right to terminate a Certificate if:

No Purchase Payments have been made under the Certificate on behalf of the Annuitant for a period of two (2) full consecutive years; and

Any annuity benefits under the Certificate on behalf of the Annuitant at the Start Date would be less than \$20 per month. In that situation, we will pay the current Certificate Value. When we terminate pursuant to this provision, we do not deduct any charges at withdrawal.

This payment may be made to:

1. You; or
2. Another entity sponsoring a Code Section 457 Plan.

**GROUP FIXED DEFERRED
ANNUITY CONTRACT**

Nonparticipating

ANNUITY PAYABLE AT START DATE
FLEXIBLE PURCHASE PAYMENTS

NOTICE

To make Purchase Payments, make a claim,
or exercise your rights under this contract, please write or call us at:

ING SERVICE CENTER

P.O. Box 5050
Minot, North Dakota 58702-5050
or
2000 21st Avenue NW
Minot, North Dakota 58703-0890
877-884-5050

Please include your contract number in all correspondence.

RELIASTAR LIFE INSURANCE COMPANY

A Stock Company
20 Washington Avenue South
Minneapolis, Minnesota 55401

SERFF Tracking Number: *INGD-126691482* State: *Arkansas*
 Filing Company: *ReliaStar Life Insurance Company* State Tracking Number: *46067*
 Company Tracking Number: *155583-10*
 TOI: *A02G Group Annuities - Deferred Non-variable* Sub-TOI: *A02G.002 Flexible Premium*
 Product Name: *155583-10*
 Project Name/Number: */*

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: SOV's and Filing Cover Letter

Comments:

Attachments:

457 155583 SOV.pdf
 156109-10 SOV.pdf
 457 Filing ltr.pdf

Item Status: **Status**
Date:

Satisfied - Item: Consumer Notification

Comments:

Please see attached notification.

Attachment:

12046 (AR) 100-97.pdf

Item Status: **Status**
Date:

Satisfied - Item: Certification

Comments:

Attachment:

AR Cert.pdf

MEMORANDUM OF VARIABLE MATERIAL

For

**FORM No. 155583-10 Group Fixed Deferred Annuity Contract, including
Data Page 155583-10 DP**

Reference	Variable Material	Bracketed Text	Explanation
CONTRACT 155583-10 DP Data Page	Contract Information	Specimen Information	Specimen Information is shown within brackets in order to denote customer specific information that will be entered at time of contract issuance.
CONTRACT 155583-10 DP Data Page	Minimum Initial Purchase Payment	\$10,000 - \$50,000.	The range is \$10,000 to \$50,000 for the Minimum Initial Purchase Payment we will accept for this product. The current Minimum Initial Purchase Payment required is \$10,000 and that figure will appear on the Contract Data Page without brackets upon issuance to a customer. The Company would like to reserve the right to increase the Minimum Initial Purchase Payment, prospectively, to an amount as high as \$50,000. We may do this if we decide to limit or expand the product's availability to new sales based on market conditions. Such variability shall be administered in a uniform and nondiscriminatory manner and shall not result in unfair discrimination. Only one product variation will be made available in the market at any one time.
CONTRACT 155583-10 DP Data Page	Maximum Purchase Payment Without Prior Approval	\$500,000 - \$1,000,000.	The range is \$500,000 to \$1,000,000 for the Maximum Purchase Payment Without Prior Approval we will accept for this product. The current Maximum Purchase Payment Without Prior Approval required is \$500,000 and that figure will appear on the Contract Data Page without brackets upon issuance to a customer. The Company would like to reserve the right to increase the Maximum Purchase Payment Without Prior Approval, prospectively, to an amount as high as \$1,000,000. We may do this if we decide to expand the product's

			availability to customers who want to invest more than the previously established minimum. Such variability shall be administered in a uniform and nondiscriminatory manner and shall not result in unfair discrimination. Only one product variation will be made available in the market at any one time
CONTRACT 155583-10 DP Data Page	Guaranteed Minimum Interest Rate	1.00% - 3.00%	The range may fluctuate in accordance with the NAIC Model Standard Nonforfeiture Law for Individual Deferred Annuities (SNLIDA). At the time of contract issuance, the actual Guaranteed Minimum Interest Rate will be displayed on the Contract Data Page, and that rate, always at least 1% and a maximum of 3%, will be set for the life of the contract. In no event will the rate displayed cause the surrender values to be less than the SNLIDA requirements.
CONTRACT 155583-10 DP Data Page	Premium Bonus	3.00% - 6.00%	We will credit a Premium Bonus equal to a percentage of each Purchase Payment received in the first Contract Year. The range is between 3% and 6%. The current percentage is 3% and that figure will appear on the Contract Data Page upon issuance to the customer. Any changes to the percentage will be administered in a uniform and non-discriminatory manner.

MEMORANDUM OF VARIABLE MATERIAL

For

**Certificate of Coverage for Group Fixed Deferred Annuity Contract, Form No.
156109-10**

Reference	Variable Material	Bracketed Text	Explanation
Certificate	Contract and Certificate Information	Specimen Information	Specimen Information is shown within brackets in order to denote customer specific information that will be entered at time of contract issuance.
Certificate	Language for governmental plans	The contract is issued in connection with a Code Section 457 plan that satisfies the requirement of Code Section 457(e)(1)(A) (i.e., a governmental 457 plan). All rights in the contract rest with the Group Contract Holder, who is entitled to all amounts held under this contract. However, the Group Contract Holder agrees that all amounts maintained under the contract, and any amounts withdrawn or paid from this contract will be utilized for the exclusive benefit of Annuitants and their Beneficiaries.	If the Contract is issued to a governmental plan then the language you see in the bracketed text column herein will display. If the Contract is issued to a tax exempt plan, then the language found in the Certificate will be shown.



Americas

Patricia M. Smith, Contract Manager
US Legal Services - Contract Filing
One Orange Way
Windsor, CT 06095
Phone: 860-580-2846
Fax: 860-580-4844
Email: Patricia.Smith@us.ing.com

June 25, 2010

RE: RELIASTAR LIFE INSURANCE COMPANY, NAIC #229-67105, FEIN # 41-0451140
Group Fixed Deferred Annuity Contract: Form No. 155583-10
Certificate Of Coverage For Group Fixed Deferred Annuity Contract: Form No. 156109-10

On behalf of ReliaStar Life Insurance Company, I am filing the above-mentioned forms for approval. These are new forms which replace no other forms. We will apply our Company's normal underwriting rules without discrimination to all sales. The forms contain no unusual or possibly controversial items from normal company or industry standards. Solicitation will be by Company representatives and by authorized broker dealers with whom the Company has selling agreements. This form is in final printed form, subject to only minor modifications in paper size and stock, ink, border, company logo, adaptation to computer printing, typographical errors and possible addition of a barcode.

Form Number 155583-10 is a Group Fixed Deferred Annuity Contract designed to be used in the Internal Revenue Code Section 457 market. This contract was designed as a flexible purchase payment annuity offering only fixed accumulation and fixed annuitization provisions. This contract has a Premium Bonus for Purchase Payments made in the first Contract Year. Certificate Form Form No. 156109-10 will be issued to Participants for the purpose of evidencing that an account has been established in the Participant's name under the contract.

Also included are Statements of Variability outlining the parameters of the bracketed items included in the Contract and Certificate.

The Fixed annuity application form 15124 (11/08) previously approved by your department will be used for this contract. The application may be completed and submitted to the Company in either a paper or an electronic format.

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) 580-2846, toll free at (800) 654-8065 (Ext. 5802846) or email me at Patricia.Smith@us.ing.com.

Thank you for your consideration.

Sincerely,

Patricia M. Smith, Contract Manager

Memo To Agent:

Please complete the form below and attach to the policy or contract when you deliver it to your contract holder. Arkansas law requires that you fill in the information requested below.

NOTICE TO POLICYHOLDER:

Your state law requires the following notice accompany your ReliaStar Life policy or contract:

If you have a problem or concern with this policy, please contact your Agent or ReliaStar Life at the addresses and phone numbers listed below.

If you do not receive satisfaction from your agent or the company, contact the Insurance Department listed below to the right:

Name of the Agent

Phone No. of Agent

Address of Agent

Arkansas Insurance Department
1200 West Third
Little Rock, Arkansas 72201
1-800-852-5494

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER: ReliaStar Life Insurance Company

FORM NUMBER(S)

FORM TITLE(S)

155583-10

Contract

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

Patricia Smith

Name

Contract Manager

Title and/or Business Affiliation

07/15/2010

Date