

**State:** Arkansas **Filing Company:** ReliaStar Life Insurance Company  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** E-1451-01/13  
**Project Name/Number:** E-1451-01/13/E-1451-01/13

## Filing at a Glance

Company: ReliaStar Life Insurance Company  
Product Name: E-1451-01/13  
State: Arkansas  
TOI: L09I Individual Life - Flexible Premium Adjustable Life  
Sub-TOI: L09I.001 Single Life  
Filing Type: Form  
Date Submitted: 12/10/2012  
SERFF Tr Num: INGD-128753345  
SERFF Status: Closed-Approved  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: E-1451-01/13  
  
Implementation: On Approval  
Date Requested:  
Author(s): Wendy Paquin, Terry Stumpf, Jackie Williams, Tonya Gallatin  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/13/2012  
Disposition Status: Approved  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life  
**Product Name:** E-1451-01/13  
**Project Name/Number:** E-1451-01/13/E-1451-01/13

**Filing Company:** ReliaStar Life Insurance Company

## General Information

Project Name: E-1451-01/13  
Project Number: E-1451-01/13  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: This filing was submitted simultaneously to Minnesota, our state of domicile.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 12/13/2012  
State Status Changed: 12/13/2012

Deemer Date:  
Submitted By: Jackie Williams

Created By: Wendy Paquin  
Corresponding Filing Tracking Number:

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:  
E-1451-01/13 Term Conversion Endorsement

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.

Please note we are submitting this filing simultaneously for Security Life of Denver Insurance Company.

The information bracketed in the form is subject to change.

The Term Conversion Endorsement will be attached to any policy issued due to a conversion and/or exchange. The endorsement addresses the suicide and incontestability periods in the policy.

We may also use the above endorsement with future life products.

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

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

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the

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sections, color, and type font and size, and any changes necessary to correct typographical errors or 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 your state.

Sincerely,

Jackie Williams  
 Senior Contract Analyst  
 (612) 224-7671  
 (800) 448-9839 Ext. 224-7671  
 (515) 698-3245 (fax)  
 jackie.williams@us.ing.com

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation: \$125 per filing (retaliatory)  
 Per Company: No

| Company                          | Amount   | Date Processed | Transaction # |
|----------------------------------|----------|----------------|---------------|
| ReliaStar Life Insurance Company | \$125.00 | 12/10/2012     | 65602960      |

State: Arkansas Filing Company: ReliaStar Life Insurance Company  
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## Correspondence Summary

### Dispositions

| Status   | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 12/13/2012 | 12/13/2012     |

SERFF Tracking #:

INGD-128753345

State Tracking #:

Company Tracking #:

E-1451-01/13

State: Arkansas

Filing Company:

ReliaStar Life Insurance Company

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Product Name: E-1451-01/13

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## Disposition

Disposition Date: 12/13/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

| Schedule            | Schedule Item                    | Schedule Item Status | Public Access |
|---------------------|----------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification             |                      | Yes           |
| Supporting Document | Application                      |                      | No            |
| Supporting Document | Health - Actuarial Justification |                      | No            |
| Supporting Document | Outline of Coverage              |                      | No            |
| Supporting Document | Statement of Variability         |                      | Yes           |
| Form                | Term Conversion Endorsement      |                      | Yes           |

State: Arkansas

Filing Company:

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## Form Schedule

### Lead Form Number:

| Item No. | Schedule Item Status | Form Name                   | Form Number  | Form Type | Form Action | Action Specific Data | Readability Score | Attachments                    |
|----------|----------------------|-----------------------------|--------------|-----------|-------------|----------------------|-------------------|--------------------------------|
| 1        |                      | Term Conversion Endorsement | E-1451-01/13 | POLA      | Initial     |                      | 50.000            | E-1451 Term Conversion End.pdf |

### Form Type Legend:

|             |   |             |  |
|-------------|---|-------------|--|
| <b>ADV</b>  | Advertising   | <b>AEF</b>  | Application/Enrollment Form                              |
| <b>CER</b>  | Certificate   | <b>CERA</b> | Certificate Amendment, Insert Page, Endorsement or Rider |
| <b>DDP</b>  | Data/Declaration Pages  | <b>FND</b>  | Funding Agreement (Annuity, Individual and Group)        |
| <b>MTX</b>  | Matrix  | <b>NOC</b>  | Notice of Coverage                                       |
| <b>OTH</b>  | Other   | <b>OUT</b>  | Outline of Coverage                                      |
| <b>PJK</b>  | Policy Jacket   | <b>POL</b>  | Policy/Contract/Fraternal Certificate                    |
| <b>POLA</b> | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | <b>SCH</b>  | Schedule Pages   |

## TERM CONVERSION ENDORSEMENT

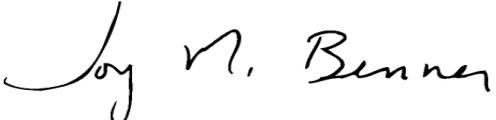
This Term Conversion Endorsement ("Endorsement") is part of the policy to which it is attached (the "Policy"). Unless expressly changed by this Endorsement, the terms and conditions of the Policy remain the same and apply to this Endorsement. The Endorsement effective date is the date of issue of the Policy. The owner of the Policy is the owner of this Endorsement.

As requested by the owner, Policy [Policy Number] (the "Original Policy") with [Company Name] was converted for the Policy.

The suicide and incontestability periods in the Policy will be measured from the Issue Date of the Original Policy, unless the Policy contains new benefits not contained in the Original Policy. In this case, the suicide and incontestability provisions of the Policy applicable to the new benefits will be measured from the date of issue of the Policy.

Signed for the Company by:

  
Donald W. Britton  
President

  
Joy M. Benner  
Secretary

## RELIASTAR LIFE INSURANCE COMPANY

[Home Office: 20 Washington Avenue South, Minneapolis, Minnesota 55401  
Customer Service Center: P.O. Box 5011, Minot, North Dakota 58702-5011  
Toll Free Number: 1 (877) 886-5050]

**SERFF Tracking #:**

INGD-128753345

**State Tracking #:****Company Tracking #:**

E-1451-01/13

**State:**

Arkansas

**Filing Company:**

ReliaStar Life Insurance Company

**TOI/Sub-TOI:**

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

**Product Name:**

E-1451-01/13

**Project Name/Number:**

E-1451-01/13/E-1451-01/13

## Supporting Document Schedules

|   |                      | <b>Item Status:</b> | <b>Status Date:</b> |
|---|----------------------|---------------------|---------------------|
| Satisfied - Item:                           | Flesch Certification |                     |                     |
| Comments:                                   |                      |                     |                     |
| Attachment(s):                              |                      |                     |                     |
| E-1451 AR Certification Reg 19 and 49.pdf   |                      |                     |                     |
| E-1451 Flesch Readability Certification.pdf |                      |                     |                     |

|                   |                          | <b>Item Status:</b> | <b>Status Date:</b> |
|-------------------|--------------------------|---------------------|---------------------|
| Satisfied - Item: | Statement of Variability |                     |                     |
| Comments:         |                          |                     |                     |
| Attachment(s):    |                          |                     |                     |
| E-1451 SOV.pdf    |                          |                     |                     |

**ARKANSAS  
CERTIFICATION**

RE: E-1451-01/13 Term Conversion Endorsement

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

**RELIASTAR LIFE INSURANCE COMPANY**

By:   
\_\_\_\_\_  
Terry Stumpf  
Assistant Secretary

Date: December 6, 2012

**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 Scores**

E-1451-01/13

50.0 (with the policy)

Signed



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Terry Stumpf  
Assistant Secretary

Date:

December 6, 2012

## ReliaStar Life Insurance Company

### Statement of Variability for

E-1451-01/13 Term Conversion Endorsement

This document will address the variability of the following factors found in the above listed form number.

| <b>FACTOR</b>                                 | <b>RANGE OF FACTORS</b>  |
|---|--|
| Policy Number                                 | Shown in brackets because this is issue-specific.  |
| Company Name                                  | Shown in brackets because this is issue-specific.  |
| Company Officers Names, Titles and Signatures | Shown in brackets because of changes in personnel for future issues. In the event of such a change, any new name, title or signature used will be an officer of the company. |
| Home Office/Customer Service Center           | Shown in brackets as this item could change for future issues. In the event of such a change, the new address information will be referenced in this field.                  |