

SERFF Tracking Number: MGCA-125611093 State: Arkansas  
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 38724  
 Company Tracking Number: MW-25910-IR 200804 AR MIDWEST 13297  
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
 Product Name: MW-25910 - Chemotherapy Rider  
 Project Name/Number: /

## Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee  
 Product Name: MW-25910 - Chemotherapy Rider SERFF Tr Num: MGCA-125611093 State: ArkansasLH  
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense SERFF Status: Closed State Tr Num: 38724  
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense Co Tr Num: MW-25910-IR 200804 AR MIDWEST 13297 State Status: Approved-Closed  
 Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor  
 Authors: EDS EDSSupport, Opal Disposition Date: 04/22/2008  
 Autry, Jackie Horstmann, Sergei Mordovine, Aliya Panjwani, Yan Yuan, Virgil Meier, Eliseo Rodriguez, Charles Schneeberger  
 Date Submitted: 04/15/2008 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: 20% Group Market Type:  
 Filing Status Changed: 04/22/2008 Deemer Date:  
 State Status Changed: 04/22/2008  
 Corresponding Filing Tracking Number:

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 Company Tracking Number: MW-25910-IR 200804 AR MIDWEST 13297  
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense  
 Product Name: MW-25910 - Chemotherapy Rider  
 Project Name/Number: /

**Filing Description:**

We are requesting a rate increase of 20% on this product. This increase is to account for trend and nationwide experience.

**Company and Contact**

**Filing Contact Information**

Jackie Horstmann, jackie.horstmann@healthmarkets.com  
 Healthmarkets (817) 255-5377 [Phone]  
 North Richland Hills, TX 76180 (817) 255-8274[FAX]

**Filing Company Information**

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas  
 9151 Boulevard 26 Group Code: 264 Company Type:  
 North Richland Hills, TX 76180 Group Name: State ID Number:  
 (817) 255-3100 ext. [Phone] FEIN Number: 62-0724538  
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**Filing Fees**

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
374155	\$50.00	04/15/2008

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/22/2008	04/22/2008

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## Disposition

Disposition Date: 04/22/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 20% level rate increase on the above policy form. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Supporting Documentation	Approved-Closed	Yes
<b>Rate</b>	Chemotherapy Rates	Approved-Closed	No

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## Supporting Document Schedules

**Satisfied -Name:** Health - Actuarial Justification **Review Status:** Approved-Closed 04/22/2008  
**Comments:**  
**Attachment:**  
AR MW-25910 ActMemo.pdf

**Satisfied -Name:** Supporting Documentation **Review Status:** Approved-Closed 04/22/2008  
**Comments:**  
**Attachments:**  
AR MW-25910 Cert.pdf  
AR MW-25910 Cover.pdf  
MW-25910 AR Experience.pdf  
MW-25910 Nationwide Experience.pdf

Certification of Compliance with  
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087  
Form Number(s): MW-25910-IR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



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Signature of Company Officer

John Ames, FSA, MAAA  
Name

4/10/2008  
Date



**Mid-West National  
Life Insurance  
Company of Tennessee**  
Home Office: Oklahoma City, OK

9151 Boulevard 26  
N Richland Hills, TX 76182  
www.midwestlife.com  
Phone: 800.729.2302  
Fax: 817.255.8274

4/10/2008

Ms. Rosalind Minor  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock AR 72201-1904

**RE: Mid-West National Life Insurance Company of Tennessee  
Individual Rate Filing for:  
Outpatient Chemotherapy Rider  
MW-25910-IR  
Company NAIC # 264-66087  
Company FEIN # 62-0724538**

Dear Ms. Minor,

The above referenced product requires a rate change. Enclosed please find an actuarial memorandum and exhibits in support of the modification. This rate filing is being made in the states of AR, CO, DC, DE, GA, IL, KS, KY, LA, MS, NM, UT & WV. Our state of domicile is Texas and a rate filing is pending there as well.

We appreciate your review of our rate filing. If acceptable, please return the duplicate stamped copy of this filing in the enclosed envelope. If you have any questions, please contact me at the following number or email address.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Mordovine', with a horizontal line extending to the right.

Sergei Mordovine  
Actuarial Analyst  
Phone: (800) 729-2302 x3509  
Fax: (817) 255-8274  
Email: NRHAct-Comp@HealthMarkets.com

Enclosures