

SERFF Tracking Number: NALH-125887841 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 40843
Company Tracking Number: TR145
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: TR145
Project Name/Number: TR145/TR145

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: TR145 SERFF Tr Num: NALH-125887841 State: ArkansasLH
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40843
Adjustable Life
Sub-TOI: L09I.001 Single Life Co Tr Num: TR145 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Carrie Block, Laurie Disposition Date: 01/13/2009
Gruba, Paula Kunkel-White, Gayle
Lovorn, Gail Velen
Date Submitted: 11/13/2008 Disposition Status: Accepted For
Informational Purposes
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: TR145 Status of Filing in Domicile: Authorized
Project Number: TR145 Date Approved in Domicile: 11/12/2008
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: Group Market Type:
Filing Status Changed: 01/13/2009 Deemer Date:
State Status Changed: 11/18/2008
Corresponding Filing Tracking Number:
Filing Description:
RE: NAIC# 66044 / FEIN# 46-0164570
Policy Amendment TR145 for use with Flexible Premium Adjustable Life Policies

Dear Reviewer:

SERFF Tracking Number: NALH-125887841 State: Arkansas
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We are filing the above referenced form for your review and approval. This is a new form that is being filed for use on a general basis with appropriate policies. This form will be laser printed and we reserve the right to change fonts and layouts. The minimum font size will never be less than 10 point type. This form will be used with products marketed by licensed agents of the Company on an individual basis.

No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

The amendment modifies the policy so that the Unit Expense Charge used to calculate the Expense Amount will be based on the "current Specified Amount", rather than "the highest Specified Amount ever in effect". The amendment will be used with new issues as well as in force policies for the following Flexible Premium Adjustable Life policies:

Form Number Approval Date

L12303 08/29/2002

L12403 01/21/2002

L12503 08/14/2003

L12803 07/25/2005

L12903 12/15/2005

L13003 09/07/2006

L13103 03/09/2007

This filing was approved by our domicile state of Iowa on 11/12/2008.

Your review for approval of this filing, at your earliest convenience, would be appreciated. Please feel free to contact me if you have any questions.

Company and Contact

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 Project Name/Number: TR145/TR145

Filing Contact Information

Gail Velen, Sr. Contracts Analyst gvelen@nacolah.com
 525 W. Van Buren (800) 800-3656 [Phone]
 Chicago, IL 60607 (605) 373-8632[FAX]

Filing Company Information

Midland National Life Insurance Company CoCode: 66044 State of Domicile: Iowa
 525 W. Van Buren Street Group Code: 431 Company Type: Life and Annuity
 Chicago, IL 60607 Group Name: State ID Number:
 (800) 800-3656 ext. [Phone] FEIN Number: 46-0164570

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 X 1 amendment= \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	11/13/2008	23906181

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	01/13/2009	01/13/2009
Approved	Linda Bird	11/18/2008	11/18/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Amend this filing - No change to Schedule Items.	Note To Reviewer	Carrie Block	01/13/2009	01/13/2009
Filing Status Request	Note To Filer	Linda Bird	01/13/2009	01/13/2009
Filing Status Request	Note To Reviewer	Carrie Block	01/12/2009	01/12/2009
Request to Reopen Filing	Note To Filer	Linda Bird	11/24/2008	11/24/2008
Request to ReOpen Filing	Note To Reviewer	Carrie Block	11/21/2008	11/21/2008

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Project Name/Number: TR145/TR145

Disposition

Disposition Date: 01/13/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Form TR145 is approved for general use with appropriate policies which also include the following additional previously approved policies:

Form Number Approval Date

L13303 2/21/2008

L13403 2/21/2008

L13503 4/16/2008

Rate data does NOT apply to filing.

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 Product Name: TR145
 Project Name/Number: TR145/TR145

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Amendment		Yes

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Project Name/Number: TR145/TR145

Disposition

Disposition Date: 11/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Product Name: TR145
Project Name/Number: TR145/TR145

Note To Reviewer

Created By:

Carrie Block on 01/13/2009 09:49 AM

Subject:

Amend this filing - No change to Schedule Items.

Comments:

We would like to amend this filing to request that form TR145 be approved for general use with appropriate policies which also include the following additional previously approved policies:

Form Number Approval Date

L13303 2/21/2008

L13403 2/21/2008

L13503 4/16/2008

I apologize for not including these earlier. In retrospect, it would have been smarter to ask for approval for general use for appropriate policies, which I include at this time.

Thank you for your help in the completion of this filing. Please contact me if you need any additional information.

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Project Name/Number: TR145/TR145

Note To Filer

Created By:

Linda Bird on 01/13/2009 08:36 AM

Subject:

Filing Status Request

Comments:

The filing was reopened on 11/21/08 in order for you to amend the original submission. We have not received your resubmission.

SERFF Tracking Number: NALH-125887841 *State:* Arkansas
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Note To Reviewer

Created By:

Carrie Block on 01/12/2009 01:22 PM

Subject:

Filing Status Request

Comments:

We are anxious to have this amendment released in your state. We would appreciate it if you could provide a target date when we can expect a response.

Thank you for your consideration.

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Project Name/Number: TR145/TR145

Note To Filer

Created By:

Linda Bird on 11/24/2008 08:37 AM

Subject:

Request to Reopen Filing

Comments:

Filing has been reopened in order for amendment to be made to original filing.

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Project Name/Number: TR145/TR145

Note To Reviewer

Created By:

Carrie Block on 11/21/2008 11:28 AM

Subject:

Request to ReOpen Filing

Comments:

We have been requested to use the approved amendment with three additional policy forms (previously approved) which were not included in the original submission. I wish to add those forms to my original filing. Would you be able to reopen this filing?

Thank you for your consideration.

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Form Schedule

Lead Form Number: TR145

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TR145	Policy/Cont	Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63	TR145.pdf



A Member of the Sammons Financial Group

A Stock Company

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266 ♦ (515) 440-5500
Executive Office: One Midland Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

AMENDMENT

This Amendment is a part of the Policy to which it is attached and is effective as of the Policy Date. It is subject to all the provisions of the Policy unless We state otherwise.

Reference to the Unit Expense Charge in the **EXPENSE AMOUNT** provision in the **POLICY VALUES** Section of the Policy which states:

The Unit Expense Charge shown in the Schedule of Policy Benefits times the highest Specified Amount ever in effect divided by 1000;

Is hereby deleted and replaced with the following:

The Unit Expense Charge shown in the Schedule of Policy Benefits times the current Specified Amount divided by 1000;

A handwritten signature in black ink, appearing to read 'John C. Salvato', written in a cursive style.

President

A handwritten signature in black ink, appearing to read 'Melody A. Jensen', written in a cursive style.

Secretary

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

11/04/2008

Comments:

Attachments:

READABILITY CERT.pdf

AR L & H 1 cert.pdf

READABILITY CERTIFICATE

Name and Address of Insurer: MIDLAND NATIONAL LIFE INSURANCE COMPANY
Executive Office: One Midland Plaza
Sioux Falls, SD 57193

I certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
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Timothy Reuer, FSA, MAAA
Vice President - Product Development

Date

State of Arkansas

Certificate of Compliance

Amendment TR145

On behalf of Midland National Life Insurance Company I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.



Carrie Block, Senior Contracts Analyst

Date: November 13, 2008