

SERFF Tracking Number: MGCC-126382819 State: Arkansas  
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 44060  
 Company Tracking Number: MW-26058-IR AR (10/09)  
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
 Product Name: MW-26058-IR AR (10/09)  
 Project Name/Number: HB 2195/

## Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-26058-IR AR (10/09)

SERFF Tr Num: MGCC-126382819 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 44060

Sub-TOI: H21.000 Health - Other

Co Tr Num: MW-26058-IR AR (10/09)

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kathleen Allen, Jaime Butler, Kim Perkins

Disposition Date: 11/16/2009

Date Submitted: 11/12/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: HB 2195

Status of Filing in Domicile:

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:

Group Market Type:

Filing Status Changed: 11/16/2009

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Deemer Date:

Created By: Kathleen Allen

Submitted By: Kathleen Allen

Corresponding Filing Tracking Number:

Filing Description:

Form Numbers, MW-26058-IR AR (10/09) and AE MW-26058-IR AR (10/09) are being submitted for your review and approval. These forms are new and not intended to replace any forms previously approved by your Department.

The Rider form, upon approval, has been created to comply with HB 2195 and will be offered to MidWest health benefit plans that are issued or renewed offering coverage for Mental Illness and Substance Use Disorders as well as any other MidWest health plans that may be approved by your Department in the future. The Amendatory Endorsement, upon

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approval, was created to go with those plans who choose the rider to amend their coverage.

To the best of our knowledge, information and belief, the forms being submitted herewith are in compliance in respects with the provisions of the insurance laws, rules and regulations of your State.

If you have any questions regarding this submission or if anything further is needed to expedite the review of this filing, please contact me at 817-255-3590.

Respectfully submitted,  
 Kathleen Allen

## Company and Contact

### Filing Contact Information

Kathleen Allen, Senior Compliance Analyst kathleen.allen@healthmarkets.com  
 9151 Boulevard 26 817-255-3590 [Phone]  
 North Richland Hills, TX 76180 817-255-8153 [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: Health  
 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: \$90.00  
 Retaliatory? No  
 Fee Explanation: \$20.00 (MW-26058-IR AR (10/09) + \$20.00 (AE MW-26058-IR AR (10/09) + \$50.00 (Rates filed)= \$90.00 total  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of	\$90.00	11/12/2009	32001114

*SERFF Tracking Number:* MGCC-126382819 *State:* Arkansas  
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**Tennessee**

SERFF Tracking Number: MGCC-126382819 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2009	11/16/2009

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## Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Mental Illness and Substance Use Disorders Rider	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Rate	Mental Illness and Substance Use Disorders Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/16/2009	MW-26058-IR AR (10/09)	Policy/Cont	Mental Illness and Fratern Substance Use Disorders Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			MW-26058-IR AR _1009_.pdf
Approved-Closed 11/16/2009	AE MW-26058-IR AR (10/09)	Policy/Cont	Amendatory Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			AE MW- 26058-IR AR _1009_.pdf

**MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE**

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

**MENTAL ILLNESS AND SUBSTANCE USE DISORDERS RIDER**

This Rider is made a part of the Policy to which it is attached. The Rider is subject to all provisions, terms, DEFINITIONS and EXCLUSIONS AND LIMITATIONS of the Policy, which are not inconsistent with the provisions of this Rider.

The benefits provided by this Rider will not duplicate the benefits provided under the Policy and/or any other Rider, and are subject to the Policy Deductible(s), Copayment(s) (if any), Coinsurance, Non-PPO Reduction (if any), Coinsurance Maximum(s) (if any), Maximum Benefit Amount(s) (if any), Lifetime Maximum Amount, and Aggregate Maximum Amount (if any) shown in the POLICY SCHEDULE.

**COVERED EXPENSES**

Covered Expenses include the diagnosis and treatment of Mental Illness and Substance Use Disorders to the same extent that are provided for any other Sickness.

We will provide this benefit in consideration of the payment of the required premium for this Rider.

Rider Effective Date, if different from Policy Date:

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**MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE**



SECRETARY



PRESIDENT

# MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

Administrative Office: P.O. Box 982010

North Richland Hills, Texas 76182-8010

Customer Service: 1-800-733-1110

## AMENDATORY ENDORSEMENT

This Amendatory Endorsement is made a part of the Policy to which it is attached. It is subject to all the provisions of the Policy which are not inconsistent with this endorsement. It is applicable only to Insured Persons who are residents of the State of Arkansas and whom accept the offer of coverage for Mental Illness and Substance Use Disorders on their application for insurance.

1. The definition of "**Mental or Nervous Disorders**" under the **DEFINITIONS** section is hereby **deleted** and **revised** as follows:

**Mental Illness and Substance Use Disorders** means those illnesses and disorders that are covered by a health benefit plan listed in the International Classification of Diseases Manual and the Diagnostic and Statistical Manual of Mental Disorders; including substance use disorders, unless specifically stated otherwise.

2. The following Exclusions are hereby **deleted** under the **EXCLUSIONS AND LIMITATIONS** section:

7. Mental or Nervous Disorders, unless otherwise stated herein;
8. Drug abuse or addiction including alcoholism, or overdose of drugs, narcotics, or hallucinogens, directly or indirectly, wholly or partially, unless taken as prescribed by a Physician;

Any Benefits payable pursuant to this Amendatory Endorsement will not be duplicated under any optional benefit rider that may be attached to the Insured Person's Policy.

The provisions of this Amendatory Endorsement are effective on the Policy Date, the Insured Person's Effective Date of Coverage, or the date stated herein, whichever is later.

In Witness whereof, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

Signed for MID-WEST NATIONAL LIFE INSURANCE COMPANY OF TENNESSEE at North Richland Hills, Texas.



SECRETARY



PRESIDENT

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 11/16/2009	Mental Illness and Substance Use Disorders Rider	MW-26058-IR AR	New	(10/09)	MW-26058-IR AR (1009) 20091110 Rate Page.pdf

# Mid-West National Life Insurance Company of Tennessee

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

## Mental Illness and Substance Use Disorders Rider

MW-26058-IR AR (10/09)

Formula
Round( AgeSex x Base x Inflation,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.000000000

Base	Factor
Base	75.000

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates.

Age	Factor	Gender	Adult/Dep
00	0.7700	Female	Adult
01	0.7700	Female	Adult
02	0.7700	Female	Adult
03	0.7700	Female	Adult
04	0.7700	Female	Adult
05	0.7700	Female	Adult
06	0.7700	Female	Adult
07	0.7700	Female	Adult
08	0.7700	Female	Adult
09	0.7700	Female	Adult
10	0.7700	Female	Adult
11	0.7700	Female	Adult
12	0.7700	Female	Adult
13	0.7700	Female	Adult
14	0.7700	Female	Adult
15	0.7700	Female	Adult
16	0.7700	Female	Adult
17	0.7700	Female	Adult
18	0.7700	Female	Adult
19	0.7700	Female	Adult
20	0.7700	Female	Adult
21	0.7700	Female	Adult
22	0.7730	Female	Adult
23	0.7790	Female	Adult
24	0.7850	Female	Adult
25	0.7910	Female	Adult
26	0.7970	Female	Adult
27	0.8230	Female	Adult
28	0.8510	Female	Adult
29	0.8790	Female	Adult

Age	Factor	Gender	Adult/Dep
30	0.9070	Female	Adult
31	0.9380	Female	Adult
32	0.9700	Female	Adult
33	1.0020	Female	Adult
34	1.0370	Female	Adult
35	1.0710	Female	Adult
36	1.1080	Female	Adult
37	1.1430	Female	Adult
38	1.1810	Female	Adult
39	1.2190	Female	Adult
40	1.2600	Female	Adult
41	1.3010	Female	Adult
42	1.3380	Female	Adult
43	1.3740	Female	Adult
44	1.4130	Female	Adult
45	1.4520	Female	Adult
46	1.4930	Female	Adult
47	1.5320	Female	Adult
48	1.5730	Female	Adult
49	1.6130	Female	Adult
50	1.6560	Female	Adult
51	1.6990	Female	Adult
52	1.7880	Female	Adult
53	1.8800	Female	Adult
54	1.9790	Female	Adult
55	2.0810	Female	Adult
56	2.1890	Female	Adult
57	2.2810	Female	Adult
58	2.3760	Female	Adult
59	2.4760	Female	Adult
60	2.5800	Female	Adult
61	2.6880	Female	Adult
62	2.7800	Female	Adult
63	2.8760	Female	Adult
64 - 99	2.9760	Female	Adult
00	0.5850	Male	Adult
01	0.5850	Male	Adult
02	0.5850	Male	Adult
03	0.5850	Male	Adult
04	0.5850	Male	Adult
05	0.5850	Male	Adult
06	0.5850	Male	Adult
07	0.5850	Male	Adult
08	0.5850	Male	Adult
09	0.5850	Male	Adult
10	0.5850	Male	Adult
11	0.5850	Male	Adult
12	0.5850	Male	Adult
13	0.5850	Male	Adult
14	0.5850	Male	Adult
15	0.5850	Male	Adult
16	0.5850	Male	Adult

Age	Factor	Gender	Adult/Dep
17	0.5850	Male	Adult
18	0.5850	Male	Adult
19	0.5850	Male	Adult
20	0.5850	Male	Adult
21	0.5850	Male	Adult
22	0.5850	Male	Adult
23	0.5850	Male	Adult
24	0.5850	Male	Adult
25	0.5850	Male	Adult
26	0.5880	Male	Adult
27	0.6010	Male	Adult
28	0.6140	Male	Adult
29	0.6270	Male	Adult
30	0.6410	Male	Adult
31	0.6550	Male	Adult
32	0.6760	Male	Adult
33	0.6990	Male	Adult
34	0.7230	Male	Adult
35	0.7470	Male	Adult
36	0.7720	Male	Adult
37	0.8040	Male	Adult
38	0.8350	Male	Adult
39	0.8690	Male	Adult
40	0.9030	Male	Adult
41	0.9400	Male	Adult
42	0.9870	Male	Adult
43	1.0380	Male	Adult
44	1.0910	Male	Adult
45	1.1450	Male	Adult
46	1.2040	Male	Adult
47	1.2630	Male	Adult
48	1.3240	Male	Adult
49	1.3880	Male	Adult
50	1.4560	Male	Adult
51	1.5270	Male	Adult
52	1.6450	Male	Adult
53	1.7720	Male	Adult
54	1.9090	Male	Adult
55	2.0570	Male	Adult
56	2.2160	Male	Adult
57	2.3580	Male	Adult
58	2.5100	Male	Adult
59	2.6710	Male	Adult
60	2.8430	Male	Adult
61	3.0260	Male	Adult
62	3.1500	Male	Adult
63	3.2780	Male	Adult
64 - 99	3.4120	Male	Adult
00	0.5140	Female	Dep Child
01	0.4900	Female	Dep Child
02	0.4490	Female	Dep Child
03	0.4100	Female	Dep Child

Age	Factor	Gender	Adult/Dep
04	0.4100	Female	Dep Child
05	0.4100	Female	Dep Child
06	0.4100	Female	Dep Child
07	0.4100	Female	Dep Child
08	0.4100	Female	Dep Child
09	0.4100	Female	Dep Child
10	0.4100	Female	Dep Child
11	0.4100	Female	Dep Child
12	0.4100	Female	Dep Child
13	0.4100	Female	Dep Child
14	0.4290	Female	Dep Child
15	0.4500	Female	Dep Child
16	0.4710	Female	Dep Child
17	0.4940	Female	Dep Child
18	0.5170	Female	Dep Child
19	0.5420	Female	Dep Child
20	0.5680	Female	Dep Child
21	0.5950	Female	Dep Child
22	0.6240	Female	Dep Child
23	0.6530	Female	Dep Child
24	0.6850	Female	Dep Child
25	0.7180	Female	Dep Child
26	0.7450	Female	Dep Child
27	0.7680	Female	Dep Child
28	0.7920	Female	Dep Child
29	0.8160	Female	Dep Child
30 - 99	0.8410	Female	Dep Child
00	0.5140	Male	Dep Child
01	0.4900	Male	Dep Child
02	0.4490	Male	Dep Child
03	0.4100	Male	Dep Child
04	0.4100	Male	Dep Child
05	0.4100	Male	Dep Child
06	0.4100	Male	Dep Child
07	0.4100	Male	Dep Child
08	0.4100	Male	Dep Child
09	0.4100	Male	Dep Child
10	0.4100	Male	Dep Child
11	0.4100	Male	Dep Child
12	0.4100	Male	Dep Child
13	0.4100	Male	Dep Child
14	0.4290	Male	Dep Child
15	0.4500	Male	Dep Child
16	0.4710	Male	Dep Child
17	0.4940	Male	Dep Child
18	0.5170	Male	Dep Child
19	0.5420	Male	Dep Child
20	0.5680	Male	Dep Child
21	0.5950	Male	Dep Child
22	0.6240	Male	Dep Child
23	0.6530	Male	Dep Child
24	0.6850	Male	Dep Child

Age	Factor	Gender	Adult/Dep
25	0.7180	Male	Dep Child
26	0.7450	Male	Dep Child
27	0.7680	Male	Dep Child
28	0.7920	Male	Dep Child
29	0.8160	Male	Dep Child
30 - 99	0.8410	Male	Dep Child

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please refer to attached. <b>Attachments:</b> ARGA 0104.pdf Cert Compl Rule-Reg19 -AR.pdf Cert Compliance AR-Readability.pdf	Approved-Closed	11/16/2009
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable <b>Comments:</b>	Approved-Closed	11/16/2009
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable <b>Comments:</b>	Approved-Closed	11/16/2009

## LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

### DISCLAIMER

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract..**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice.**

**The Arkansas Life and Health Insurance Guaranty Association  
C/O The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and they hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

### EXCLUSIONS FROM COVERAGE

However, persons owning such policies or contracts are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose Guaranty Association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;

- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to suture assessments, or by an insurance exchange.

The Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans, to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of any unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

#### **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits for net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.]

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

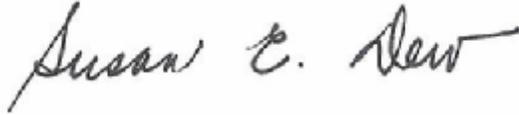
Insurer: MidWest National Life Insurance Company of Tennessee

Form Number(s):

MW-26058-IR AR (10/09)

AE MW-26058-IR AR (10/09)

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



\_\_\_\_\_  
Signature of Company Officer

Susan Dew

\_\_\_\_\_  
Name

Senior Vice President, Associate General Counsel and Chief Compliance Officer

\_\_\_\_\_  
Title

November 12, 2009

\_\_\_\_\_  
Date

## Certificate of Compliance for Arkansas

This is to certify the attached form has achieved the Flesch Reading Ease Score given below and complies with the requirements of Arkansas Stat. Ann, 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language simplification Act.

### Form Numbers and Form Names:

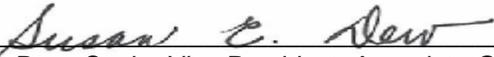
MW-26058-IR AR (10/09) Mental Illness and Substance Use Disorders Rider

AE MW-26058-IR AR (10/09) Amendatory Endorsement

### Flesch Reading Score:

54.5 Rider form

49.6 Amendatory Endorsement



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Susan Dew, Senior Vice President, Associate General Counsel and Chief Compliance Officer

November 12, 2009

\_\_\_\_\_  
Date