

SERFF Tracking Number: NALH-126402763 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 44214
Company Tracking Number:
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Form 4579 9-09
Project Name/Number: Form 4579 9-09/Form 4579 9-09

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Form 4579 9-09

SERFF Tr Num: NALH-126402763 State: Arkansas

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 44214

Sub-TOI: A10.000 Annuities - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Sherry M. Olson

Disposition Date: 12/03/2009

Date Submitted: 12/01/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Form 4579 9-09

Status of Filing in Domicile: Authorized

Project Number: Form 4579 9-09

Date Approved in Domicile: 12/01/2009

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: 12/03/2009

Explanation for Other Group Market Type:

State Status Changed: 12/03/2009

Deemer Date:

Created By: Sherry M. Olson

Submitted By: Sherry M. Olson

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

FEIN # 46-0164570 NAIC # 66044

Flexible Premium Deferred Annuity Rider Form 4579 9-09

We are filing this form for your review and approval. This is a new form that does not replace any previously approved form. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than the minimum 10-point required by your state.

This rider is available for issues ages 18-65 and is for general use with Midland's current and future approved individual

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flexible premium adjustable life insurance policies offered in the bank- or corporate-owned life insurance market. The rider is optional and may be added to new issues or to existing policies at the written request of the policyowner. There is no cost for the rider. It will be distributed by specialized agents who focus on this market. Please see the attached actuarial memorandum for additional details.

This rider accumulates flexible premium payments at a declared interest rate. The minimum guaranteed interest rate is 2.0%. There are no surrender charges for full surrenders; however the Exchange Provision may apply to exchanges under section 1035 of the Internal Revenue Code. Partial surrenders are allowed beginning in the third year. There is a \$25 fee for partial surrenders.

This form was approved by Midland's domicile state of Iowa on December 1, 2009.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 6223 or at solson@mnlife.com.

Sincerely,

Sherry Olson, AIRC
Senior Contract Analyst
Corporate Markets Center
Midland National Life Insurance Company &
North American Company for Life and Health Insurance

Company and Contact

Filing Contact Information

Sherry Olson, Senior Contract Analyst solson@mnlife.com
2000 44th St. South, Suite 300 701-433-6223 [Phone]
Fargo, ND 58103 701-433-8223 [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

SERFF Tracking Number: NALH-126402763 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20 per form other than policy x 1 form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	12/01/2009	32386505

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2009	12/03/2009

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Disposition

Disposition Date: 12/03/2009

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		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Flexible Premium Deferred Annuity Rider		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4579 9-09	Policy/Cont Flexible Premium ract/Fratern Deferred Annuity al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		63.400	Midland Form 4579 9-09.pdf



A Member of the Sammons Financial Group

A Stock Company

Principal Office: 4601 Westown Parkway, Suite 300, West Des Moines, IA 50266
Executive Office: One Midland Plaza, Sioux Falls, SD 57193
Corporate Markets Center: 2000 44th St. South, Suite 300, Fargo, ND 58103 (800) 283-5433

FLEXIBLE PREMIUM DEFERRED ANNUITY RIDER

RIDER EFFECTIVE DATE: [JANUARY 1, 2010]

RIDER MATURITY DATE: [JANUARY 1, 2090]

ANNUITANT: [JOHN DOE]

ISSUE AGE AND SEX: [35 MALE]

OWNER: [ABC BANK]

INITIAL PREMIUM: [\$1,000]

FOR ADDITIONAL PREMIUMS, SEE PREMIUM PAYMENT PROVISION

GUARANTEED INTEREST RATE: 2.0%

PREMIUM EXPENSE CHARGE: [3%]

PARTIAL SURRENDER FEE: \$25.00

EXCHANGE PROVISION

YOU MAY REQUEST A CHANGE OF OWNERSHIP OR ASSIGNMENT OF SURRENDER VALUES UNDER THE TERMS OF SECTION 1035 OF THE INTERNAL REVENUE CODE (IRC). IF YOU REQUEST THAT THIS RIDER BE SURRENDERED AND SUBSEQUENTLY TRANSFERRED TO ANOTHER INSURANCE COMPANY BY MEANS OF AN EXCHANGE UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE OR BY ANY OTHER MEANS DIRECTLY OR INDIRECTLY TO ACHIEVE AN EXCHANGE QUALIFYING UNDER SECTION 1035, OR FOR ANY OTHER SURRENDER REQUEST TO WHICH WE MUTUALLY AGREE, YOU HAVE TWO PAYOUT OPTIONS. YOU MAY CHOOSE THE OPTION AT THE TIME OF YOUR REQUEST.

OPTION 1: WE WILL PAY OUT NO MORE THAN 10% OF THE SURRENDER VALUE AS OF THE DATE OF YOUR REQUEST DURING ANY PERIOD OF SIX CONSECUTIVE MONTHS UNTIL THIS RIDER IS IN EFFECT FOR AT LEAST TEN YEARS.

OPTION 2: WE WILL ASSESS A FEE AS A PERCENTAGE OF THE REQUESTED SURRENDER VALUE AS OUTLINED BELOW:

RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE	RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE
1	[8%]	7	[4%]
2	[8%]	8	[3%]
3	[7%]	9	[2%]
4	[7%]	10	[1%]
5	[6%]	11+	[0%]
6	[5%]		

FOR THE PURPOSES OF DETERMINING THE AMOUNT OF ANY SURRENDER OR WITHDRAWAL FROM THIS CONTRACT THAT IS INCLUDABLE IN GROSS INCOME, ALL CONTRACTS CLASSIFIED AS MODIFIED ENDOWMENT CONTRACTS BY THE INTERNAL REVENUE CODE THAT ARE ISSUED BY THE SAME COMPANY TO THE SAME POLICY OWNER WITHIN A CALENDAR YEAR ARE TREATED AS ONE MODIFIED ENDOWMENT CONTRACT.

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

(SIGNATURE)

(SIGNATURE)

(PRINT NAME)

(PRINT NAME)

(TITLE)

(TITLE)

(DATE)

(DATE)

Definitions

Annuitant	The Annuitant is the Insured under the Policy to which this Rider is attached, unless You change the Annuitant by filing a Written Notice with Us. You may not change the Annuitant after the Rider Maturity Date.
Rider Effective Date	The date when this Rider begins and from which Rider Anniversaries, years and months are set. We show the Rider Effective Date on page 1 for this Rider.
Rider Anniversary	The same day and month as the Rider Effective Date for each following year.
Policy	The Policy to which this Rider is attached.
Rider Maturity Date	The date this Rider's Maturity Benefit is payable. The Rider Maturity Date is shown on page 1 for this Rider. You may change the Rider Maturity Date by giving Us Written Notice.

General Provisions

Owner	The Owner of this Rider is the Owner of the Policy. You have all ownership rights. You may change this Rider's Owner by filing a Written Notice with Us.
Annual Report	We will send You a report at least annually which contains the information about activity on this Rider required by state law.
Termination	This Rider terminates on the earliest of the following: <ol style="list-style-type: none">1. Your Written Notice;2. The Rider Maturity Date; or,3. Termination of the Policy.

Values

Premium Payment	<p>Premiums are payable in any way to which We agree. You may mail or deliver Premium payments to Us or to a person authorized to accept Premium payments in exchange for a receipt signed by Our President, Secretary or Treasurer. You may increase, decrease stop or restart Premiums prior to the Rider Maturity Date. No Premiums are payable after the Rider Maturity Date.</p> <p>In the event Premium payments are stopped, this Rider will continue as a paid-up deferred annuity rider. We will continue to calculate values as stated in the Surrender Value provision.</p>
Interest Rate	The interest rate used to calculate the Surrender Value will never be less than the Guaranteed Interest Rate shown on page 1 for this Rider. We may use interest rates greater than this rate to calculate the Surrender Value. We will declare an interest rate each July 1 after the first Rider Anniversary. This method of determining the annual declared interest rate will remain in effect unless Our Board of Directors amends or revokes it by duly adopting a resolution that would take effect one year from the date of the resolution.
Surrender Value	The Surrender Value is the sum of the Premiums paid, less the Premium Expense Charge, plus interest, less partial surrenders and partial surrender charges. The Surrender Value will never be less than the Premiums paid less the Premium Expense Charge, plus guaranteed interest, less partial surrenders and partial surrender charges.
Basis of Values	All values and death benefits are at least equal to those required by the law of the state where this Rider is delivered. The method used to compute these values and benefits is on file with the state insurance departments.

Benefits

- Surrenders** You may request a full surrender of this Rider at any time prior to the Rider Maturity Date by giving Us Written Notice. The amount available for surrender is the Surrender Value. You may request a partial surrender after the second Rider Anniversary. If You request a partial surrender, We will deduct the Partial Surrender Fee shown on page 1 for this Rider from the amount surrendered and reduce the Surrender Value by the amount surrendered. We may defer payment of any surrender amount for up to six months.
- Death Benefit** If You or the Annuitant dies before the Rider Maturity Date, the Death Benefit is the Surrender Value on the date of death. We will pay the Death Benefit in accordance with the Payment Options provision.
- Maturity Benefit** If this Rider is in effect on the Rider Maturity Date, We will pay the Surrender Value in accordance with the Payment Options provision. You must select a Payment Option prior to the Rider Maturity Date.
- Payment Options** You may select any Payment Option shown in the Policy. You select a Payment Option and We will make payments in accordance with the Payment of Proceeds provisions of the Policy.

Midland National Life Insurance Company



Secretary

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

4579 9-09 AR Cert.pdf
4579 9-09 Readability.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Any of the following applications may be used to apply for the currently approved Midland products offered with this rider:

Regular Issue Application Form 81-36 (4-05), approved 5/13/2005
Simplified Issue Application Form 81-38 (1-05), approved 2/7/2005
Guaranteed Issue Application Form 81-37 (4-05), approved 5/13/2005

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Form 4579 STATEMENT OF VARIABILITY.pdf

TO: Arkansas Department of Insurance
FROM: Midland National Life Insurance Company
DATE: December 1, 2009
RE: Rider Form 4579 9-09

Midland National Life Insurance Company certifies that the referenced rider complies with

- Arkansas Regulation 49 regarding Life and Health Guaranty notices given to each policy owner to which the rider is attached.
- Arkansas Code Annotated 23-79-138 regarding a Consumer Information Notice accompanying every policy to which the rider is attached.
- Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.

Carmen R. Walter

Carmen R. Walter, FSA, MAAA
Director of Product Development
Corporate Markets
Midland National Life Insurance Company

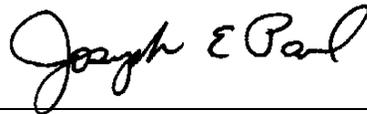
Date: December 1, 2009

READABILITY CERTIFICATE

Name and Address of Insurer Midland National Life Insurance Company
Corporate Markets Center
2000 44th Street S, Ste. 300 Fargo, ND 58103

I hereby 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) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 4579 9-09	Flexible Premium Deferred Annuity Rider	63.4



Signature

Joseph E. Paul
Typed Name

Vice President – Corporate Markets Operations
Title

October 15, 2009
Date

STATEMENT OF VARIABILITY - Rider Form Series 4579

The following is a list of bracketed items and the corresponding range of text and/or values.

<u>Bracketed Item</u>	<u>Variable Text/Range</u>																																																
Rider Effective Date	Effective date of the rider																																																
Rider Maturity Date	Anniversary date closest to annuitant's age 121																																																
Annuitant	Annuitant's name at issue																																																
Issue Age and Sex	Annuitant's issue age and sex at issue																																																
Owner	Owner's name at issue																																																
Initial Premium	Initial premium payment																																																
Guaranteed Interest Rate	Range: 1.0-3.0%. The Guaranteed Interest Rate will always equal or exceed the minimum non-forfeiture interest rate when the rider is issued.																																																
Premium Expense Charge	<p>Range: 0%-3.5%, based upon state of issue. The charge is 0%, except in the following states, where the ranges are:</p> <table border="1"> <thead> <tr> <th><u>State</u></th> <th><u>Range</u></th> </tr> </thead> <tbody> <tr> <td>CA</td> <td>0-2.35%</td> </tr> <tr> <td>ME</td> <td>0-2.00%</td> </tr> <tr> <td>NV</td> <td>0-3.50%</td> </tr> <tr> <td>SD</td> <td>0-1.25%</td> </tr> <tr> <td>WV</td> <td>0-1.00%</td> </tr> <tr> <td>WY</td> <td>0-1.00%</td> </tr> </tbody> </table> <p>In these states, the charge will be less than the maximum shown if the policyowner requests the cost be amortized over time through a lower crediting rate.</p>	<u>State</u>	<u>Range</u>	CA	0-2.35%	ME	0-2.00%	NV	0-3.50%	SD	0-1.25%	WV	0-1.00%	WY	0-1.00%																																		
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