

SERFF Tracking Number: NALH-126027323 State: Arkansas  
Filing Company: Midland National Life Insurance Company State Tracking Number: 41634  
Company Tracking Number: TR143  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: TR143  
Project Name/Number: TR143/TR143

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: TR143 SERFF Tr Num: NALH-126027323 State: Arkansas  
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 41634  
Adjustable Life Closed  
Sub-TOI: L09I.001 Single Life Co Tr Num: TR143 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Laurie Gruba, Paula Disposition Date: 02/26/2009  
Kunkel-White, Gayle Lovorn, Gail  
Velen  
Date Submitted: 02/23/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: TR143 Status of Filing in Domicile: Authorized  
Project Number: TR143 Date Approved in Domicile: 02/06/2009  
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: 02/26/2009 Explanation for Other Group Market Type:  
State Status Changed: 02/26/2009  
Deemer Date: Created By: Gail Velen  
Submitted By: Gail Velen Corresponding Filing Tracking Number:  
Filing Description:  
RE: NAIC# 431-66044 / FEIN# 46-0164570

TR143 Amendment

We are filing the above referenced form for your review and approval. This is a new form and is not intended to replace any other form.

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

The 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 is intended to be used with previously approved Flexible Premium Adjustable Policies L13603 and L13703, approved on 6/11/2008 and 7/31/2008, respectively.. The amendment modifies the CHANGES IN DEATH BENEFIT OPTION provision under Section (b) regarding a change from Increasing Death Benefit Option to Level Death Benefit Option to more accurately reflect how death benefit option changes are administered on our systems. All references to increases in the Surrender charge, No Lapse Guaranteed Premium, and Waiver of Surrender charge Option Periods and fees (if Waiver of Surrender is available) are deleted as they will not change. All policyholders will receive this amendment, whether existing policyholders, or new issues.

This filing was by our domicile state of Iowa on 2/6/2009.

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

## Company and Contact

### Filing Contact Information

Gail Velen, Sr. Contracts Analyst gvelen@nacolah.com  
525 W. Van Buren 800-800-3656 [Phone] 87664 [Ext]  
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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No

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Fee Explanation: 1 form filed separately from policy - \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	02/23/2009	25886300

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/26/2009	02/26/2009

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## **Disposition**

Disposition Date: 02/26/2009

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Amendment		Yes

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## Form Schedule

Lead Form Number: TR143

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TR143	Policy/Cont Amendment ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.700	TR143.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 Sammons 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.

Section (b) of the provision of Your Policy titled "**CHANGES IN DEATH BENEFIT OPTION**" is hereby deleted and replaced with the following:

- (b) If the change is from Increasing Death Benefit Option to Level Death Benefit Option, the Specified Amount will be increased to equal the current Specified Amount plus the current Account Value. We reserve the right to apply the Unit Expense Charge to the increased Specified Amount. However, You may request that the Specified Amount remain constant. In either case, the No Lapse Guarantee Premium, Surrender Charge, and, if applicable, the Waiver of Surrender Charge Option Period and the fee for the Waiver of Surrender Charge Option will not change.

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

President

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

Secretary

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> Readability Certificate for TR143.pdf AR L & H 1 cert.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>		

## READABILITY CERTIFICATE

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

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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

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Date

# State of Arkansas

## Certificate of Compliance

Amendment TR143

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.

A handwritten signature in black ink, appearing to read "Gail R. Velen", written in a cursive style. The signature is positioned above a horizontal line.

Gail R. Velen, Senior Contracts Analyst

Date: February 23, 2009