

SERFF Tracking Number: NALH-126155999 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 42425
Company Tracking Number: 9704B
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 9704B
Project Name/Number: 9704B/9704B

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: 9704B

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALH-126155999 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42425

Co Tr Num: 9704B

Authors: Laurie Gruba, Paula
Kunkel-White, Gayle Lovorn, Gail
Velen

Date Submitted: 05/20/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/22/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 9704B

Project Number: 9704B

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/22/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/18/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/22/2009

Created By: Carrie Block

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Gayle Lovorn

Filing Description:

NAIC# 66044 / FEIN# 46-0164570

SUPPLEMENT TO APPLICATION FOR VARIABLE LIFE INSURANCE FORM 9704B

Dear Reviewer:

We are filing the above referenced form for your review and approval. This form is being filed for use on a general basis with variable life policies. The form will be laser printed and we reserve the right to change fonts and layouts.

<i>SERFF Tracking Number:</i>	<i>NALH-126155999</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42425</i>
<i>Company Tracking Number:</i>	<i>9704B</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>9704B</i>		
<i>Project Name/Number:</i>	<i>9704B/9704B</i>		

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

Form 9704B will be used by the applicant to designate premium allocations to available investment options. Upon approval, this form replaces form 9704A, previously approved by your department on April 16, 2008 under SERFF # NALH-125527268.

The substantial differences between the new form and the current form are as follows: (1) the Easy-Select Portfolio section has been modified to indicate that, if selected we will automatically transfer current assets and set up for an annual portfolio rebalance; (2) added a Registered Representative Certification; (3) revised the PROSPECTUS VERIFICATION by including a checkbox to receive a copy of the Statement of Additional Information; and (4) added a section to the DOCUMENT DELIVERY to indicate if an applicant is interested in receiving information on electronic document delivery via the internet.

We reserve the right to add, change, and delete funds. For this reason we have bracketed the funds listed under the "Self-Directed Portfolio" section. In addition, we have bracketed the Fraud Warning section to allow for additional states' fraud warning, if required.

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

Filing Contact Information

Carrie Block, Contracts Analyst	cblock@mnlife.com
One Midland Plaza	800-923-3223 [Phone] 38697 [Ext]
Sioux Falls, SD 57193-0001	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

SERFF Tracking Number: NALH-126155999 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20.00 per application
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	05/20/2009	28016119

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/22/2009	05/22/2009

SERFF Tracking Number: NALH-126155999 State: Arkansas
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Disposition

Disposition Date: 05/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-126155999 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Certificate of compliance		Yes
Form	Supplement to Application for Variable Life Insurance		Yes

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Form Schedule

Lead Form Number: 9704B

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	9704B	Application/ Supplement to Enrollment Application for Form Variable Life Insurance	Initial		0.000	9704B.pdf


SUPPLEMENT TO APPLICATION FOR VARIABLE LIFE INSURANCE
Initial Allocation Percentages Only

 Choose **Easy-Select** or **Self-Directed** Portfolio for initial Allocation

Easy-Select Portfolio*

- | | |
|--|---|
| <input type="checkbox"/> Conservative Portfolio Model | <input type="checkbox"/> Moderate Aggressive Portfolio Model |
| <input type="checkbox"/> Moderate Conservative Portfolio Model | <input type="checkbox"/> Aggressive Portfolio Model |
| <input type="checkbox"/> Moderate Portfolio Model | <input type="checkbox"/> In addition, if you want to allocate a percentage of your premium to the General Account indicate here _____%. |

*If selected we will automatically transfer current assets and set up for an annual portfolio rebalance.

Self-Directed Portfolio - Do not use this section if you chose an Easy-Select Portfolio Option (see above). Use whole numbers only. Total must equal 100%. Maximum of 15 Portfolio Allocations. Deduction percentages will be the same as Premium Percentages, unless indicated otherwise.

<u>Portfolio</u>	<u>Premiums</u>	<u>Deductions</u>	<u>Portfolio</u>	<u>Premiums</u>	<u>Deductions</u>
General Account	_____ %	_____ %	[Dollar Cost Averaging Requires form #6339	_____ %	_____ %
[AIM VI Financial Services	_____ %	_____ %	AIM VI Global Health Care	_____ %	_____ %
Aim VI International Growth	_____ %	_____ %	AL American Capital Appreciation	_____ %	_____ %
AL American LargeCap Growth	_____ %	_____ %	AL American MidCap Growth	_____ %	_____ %
AC VP Capital Appreciation	_____ %	_____ %	AC VP International	_____ %	_____ %
AC VP Value	_____ %	_____ %	FI VIP Asset Manager SM	_____ %	_____ %
FI VIP Asset Manager: Growth [®]	_____ %	_____ %	FI VIP Balanced	_____ %	_____ %
FI VIP Contrafund [®]	_____ %	_____ %	FI VIP Equity-Income	_____ %	_____ %
FI VIP Freedom 2010	_____ %	_____ %	FI VIP Freedom 2015	_____ %	_____ %
FI VIP Freedom 2020	_____ %	_____ %	FI VIP Freedom 2025	_____ %	_____ %
FI VIP Freedom 2030	_____ %	_____ %	FI VIP Freedom Income	_____ %	_____ %
FI VIP Growth	_____ %	_____ %	FI VIP Growth & Income	_____ %	_____ %
FI VIP Growth Opportunities	_____ %	_____ %	FI VIP High Income	_____ %	_____ %
FI VIP Index 500	_____ %	_____ %	FI VIP Investment Grade Bond	_____ %	_____ %
FI VIP Mid Cap	_____ %	_____ %	FI VIP Money Market	_____ %	_____ %
FI VIP Overseas	_____ %	_____ %	GS VIT Growth and Income	_____ %	_____ %
GS VIT Structured Small Cap Equity Fund	_____ %	_____ %	LA America'sValue	_____ %	_____ %
LA Growth & Income	_____ %	_____ %	LA International	_____ %	_____ %
LA Mid-Cap Value	_____ %	_____ %	MFS [®] VIT Growth Series	_____ %	_____ %
MFS [®] VIT New Discovery Series	_____ %	_____ %	MFS [®] VIT Research Series	_____ %	_____ %
MFS [®] VIT Total Return Series	_____ %	_____ %	MFS [®] VIT Utilities Series	_____ %	_____ %
NB AMT Regency	_____ %	_____ %	PIM VIT High Yield	_____ %	_____ %
PIM VIT Real Return	_____ %	_____ %	PIM VIT Small Cap StocksPLUS [®] Total Return	_____ %	_____ %
PIM VIT Total Return	_____ %	_____ %	Premier VIT NACM Small Cap	_____ %	_____ %
ProFund VP Japan	_____ %	_____ %	ProFund VP Oil & Gas	_____ %	_____ %
ProFund VP Small Cap Value]	_____ %	_____ %	ProFund VP Ultra Mid-Cap]	_____ %	_____ %

<u>Portfolio</u>	<u>Premiums</u>	<u>Deductions</u>	<u>Portfolio</u>	<u>Premiums</u>	<u>Deductions</u>
[VE Worldwide Hard Assets	_____ %	_____ %	[VE Worldwide Real Estate	_____ %	_____ %
VG VIF Balanced	_____ %	_____ %	VG VIF High Yield Bond	_____ %	_____ %
VG VIF International	_____ %	_____ %	VG VIF Mid-Cap Index	_____ %	_____ %
VG VIF REIT Index	_____ %	_____ %	VG VIF Short-Term Invest-Grade	_____ %	_____ %
VG VIF Small Company Growth	_____ %	_____ %	VG VIF Total Bond Market Index]	_____ %	_____ %
VG VIF Total Stock Market]	_____ %	_____ %	Total of All Funds	100%	100%

**THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIC CONDITIONS.
CASH VALUES MAY INCREASE OR DECREASE (EVEN TO THE EXTENT OF BEING REDUCED TO ZERO) IN
ACCORDANCE WITH THE EXPERIENCE OF THE SEPARATE ACCOUNT.**

PROSPECTUS VERIFICATION

YES NO

Have you received a prospectus for the Variable Universal Life Insurance Contract AND a Fund Company prospectus book containing current prospectuses for all available portfolios?

[] []

Do you believe that this product will meet your insurance needs and financial objectives?

[] []

Check this box if you would like to receive a copy of the Statement of Additional Information.

I would like to receive the variable product prospectus, fund company prospectus and fund company reports in pdf or html document format on a compact disc (CD) instead of the paper version.

I have access to a computer with a CD-ROM drive to view these documents. I understand that I will need Adobe Acrobat Reader software to access any pdf documents and that a free download of this software is available at www.mnlife.com. I understand that I can receive a paper version of any document without cost or penalty by contacting Midland National at 800-272-1642. I understand that Midland National will rely on my signature as consent to receive all future variable product prospectuses, fund company prospectuses and fund company reports on compact disc (CD). I can change my mind and revoke this consent at any time without cost or penalty by contacting Midland National at 800-272-1642. This consent will terminate: a) when I notify Midland National that I wish to revoke my consent; b) when a change of ownership is processed; or c) when the variable universal life contract terminates.

[] []

Please provide your e-mail address if you are interested in receiving information on electronic document delivery via the internet:

e-mail address _____

TELEPHONE REALLOCATION AUTHORIZATION (READ CAREFULLY)

I hereby authorize and direct Midland National Life Insurance Company (MNL) to act on telephone instructions when proper identification has been furnished, to exchange units between the General Account or Fund Portfolios and/or change the allocation of future premium payments. I agree that MNL is not liable for any loss arising from any exchange or change in allocation of future premium payments by acting in accordance with these telephone instructions that we believe to be genuine. MNL will employ reasonable procedures to confirm that telephone instructions are genuine; if we do not, we may be liable for any losses due to unauthorized or fraudulent instructions.

[] []

AUTHORIZATION FOR REGISTERED REPRESENTATIVE/AGENT (READ CAREFULLY)

YES NO

I hereby, authorized and direct Midland National Life Insurance Company (MNL) to act on telephone, written, or facsimile instructions communicated by the Registered Representative/Agent of Record to exchange units between the Fund Portfolios and/or change the allocation of future premium payments and deductions. This authorization does not grant the Representative discretion to communicate any transaction without my prior approval. I agree that MNL is not liable for any loss arising from any exchange or change in allocation of future premium payments acting in accordance with these instructions that we believe to be genuine. MNL will employ reasonable procedures to confirm that instructions are genuine; if we do not, we may be liable for any losses due to unauthorized or fraudulent instruction. This authorization will remain in effect until: a) MNL receives written notification of cancellation from the owner; b) a change of ownership is processed; or c) the named Representative is no longer contracted and appointed with MNL.

[] []

REGISTERED REPRESENTATIVE CERTIFICATION: I certify that I have reviewed the application and supplemental application completed by the Proposed Owner, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded full details as required. I understand that any subsequent modifications or additions made to the application after it is submitted must be initialed by the client. I have not made any statement which differs from this material nor have I made any promises about the expected future values of the contract.

[] []

FRAUD WARNING

[FL Residents - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

ME Residents - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MD Residents - Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

PROPOSED INSURED (Print)	SOCIAL SECURITY NUMBER	
PROPOSED INSURED (Signature)	SIGNED AT (City, State)	DATE
OWNER (Signature)	REPRESENTATIVE (Signature)	

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Flesch Certification is not applicable for this variable universal life supplemental application filing.

Attachment:

AR L & H 1 cert.pdf

Item Status:

**Status
Date:**

Bypassed - Item: Application

Bypass Reason: Not Applicable.

Comments:

Item Status:

**Status
Date:**

Satisfied - Item: Certificate of compliance

Comments:

Attachment:

AR L & H 1 cert.pdf

State of Arkansas

Certificate of Compliance

Application Form: 9704B

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: May 18, 2009

State of Arkansas

Certificate of Compliance

Application Form: 9704B

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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: May 18, 2009