

SERFF Tracking Number: ICCI-126859267 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 47112  
 Company Tracking Number: MNL DEN DEPAE 0910  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: MNL DEN DEPAE 0910  
 Project Name/Number: MNL DEN DEPAE 0910/MNL DEN DEPAE 0910

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: MNL DEN DEPAE 0910 SERFF Tr Num: ICCI-126859267 State: Arkansas  
 TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 47112  
 Closed  
 Sub-TOI: H10G.000 Health - Dental Co Tr Num: MNL DEN DEPAE State Status: Approved-Closed  
 0910  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: Brenda Dawson Disposition Date: 11/12/2010  
 Date Submitted: 10/22/2010 Disposition Status: Approved-  
 Closed  
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: MNL DEN DEPAE 0910 Status of Filing in Domicile:  
 Project Number: MNL DEN DEPAE 0910 Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small  
 Overall Rate Impact: Group Market Type: Employer, Association  
 Filing Status Changed: 11/12/2010 Explanation for Other Group Market Type:  
 State Status Changed: 11/12/2010  
 Deemer Date: Created By: Brenda Dawson  
 Submitted By: Brenda Dawson Corresponding Filing Tracking Number:  
 Filing Description:

Enclosed for review and approval for use in your state is the form attached to the Form Schedule tab. This form is new and is not intended to replace any form previously approved by your Department.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Madison National Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

This Amendatory Endorsement is intended to be attached to Group Dental Policy form MNL ADEN POL 0905 previously

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approved by your Department on July 11, 2006, and Group Dental Policy form MNL GDEN POL 0505 previously approved by your Department on July 11, 2006.

This Endorsement revises the definition of Dependent by providing coverage for a Child who is less than 26 years of age.

The document was prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

We certify that to the best of our knowledge and belief, these forms do not violate any laws or regulations of your state and do not contain any previously disapproved provisions.

## Company and Contact

### Filing Contact Information

Brenda Dawson, Authorized Representative Brendaadawson@inscompliance.com  
 3925 East State Street, Suite 200 815-316-6714 [Phone]  
 Rockford, IL 61108 815-986-2355 [FAX]

### Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin  
 P. O. Box 5008 Group Code: Company Type:  
 Madison, WI 53705 Group Name: State ID Number:  
 (800) 356-9601 ext. [Phone] FEIN Number: 39-0990296

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	10/22/2010	41054327

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/12/2010	11/12/2010

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## Disposition

Disposition Date: 11/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ICCI-126859267* State: *Arkansas*  
 Filing Company: *Madison National Life Insurance Company, Inc.* State Tracking Number: *47112*  
 Company Tracking Number: *MNL DEN DEPAE 0910*  
 TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*  
 Product Name: *MNL DEN DEPAE 0910*  
 Project Name/Number: *MNL DEN DEPAE 0910/MNL DEN DEPAE 0910*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	MNL Authorization Letter	Approved-Closed	Yes
<b>Form</b>	Amendatory Endorsement	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: MNL DEN DEPAE 0910**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	MNL DEN DEPAE 0910	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial		54.136	MNL DEN DEPAE 0910 10-20-10.pdf

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC**  
**[P.O. Box 5008, Madison, WI 53705]**

**AMENDATORY ENDORSEMENT**

Notwithstanding anything in the Policy and Certificate of Insurance to the contrary, it is hereby understood and agreed that the Policy and any Certificate of Insurance issued in connection therewith is amended as follows:

**SECTION 2 – DEFINITIONS**, item 2 under the definition of “**Dependent**” is deleted and replaced with the following:

2. Child who is less than 26 years of age.

This Amendatory Endorsement is endorsed and made part of the Policy/Certificate as of [January 1, 2011 or its Effective Date, whichever is later].

Nothing in this Amendatory Endorsement shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, provisions or limitations of the Policy, other than as stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Amendatory Endorsement to be signed by its President and Secretary.

**MADISON NATIONAL LIFE INSURANCE COMPANY, INC.**



Larry R. Graber  
President



Adam C. Vandervoort  
Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	11/12/2010
<b>Comments:</b>		
<b>Attachment:</b> Cert of Comp. with Rule 19 MNL DEN DEPAE.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	11/12/2010
<b>Comments:</b> The Applications previously approved with Policy form MNL-ADEN POL 0905 on July 11, 2006 were: Member Application MNL-ADEN-MBR APP AR 0905 and Group Application MNL-ADEN GRP APP AR 0905.		

The Applications previously approved with Policy form MNL-GDEN POL 0505 on July 11, 2006 were:  
Employee MNL-GDEN-EEAPP AR 0505 and Employer Application MNL-GDEN ERAPP AR 0505.

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> MNL Authorization Letter	Approved-Closed	11/12/2010
<b>Comments:</b>		
<b>Attachment:</b> ICC Authorization letter Madison Nat 2010.pdf		

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

Insurer: Madison National Life Insurance Company, Inc.

Form Number(s): MNL DEN DEPAE 0910

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



Signature of Company Officer

Larry R. Graber

Name

President

Title

October 22, 2010

Date



## Madison National Life

January 1, 2010

Mr. Brian Camling  
President  
Insurance Compliance Consultants, Inc.  
3925 East State Street, Suite 200  
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Madison National Life Insurance Company, Inc. regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Madison National may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script, reading "Larry R. Graber". The signature is written in black ink and is positioned above the printed name.

Larry Graber