

SERFF Tracking Number: NALH-126884800 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 47248
Company Tracking Number: 14272V
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: 14272V Variable Annuity Application
Project Name/Number: 14272V Variable Annuity Application/14272V Variable Annuity Application

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: 14272V Variable Annuity Application SERFF Tr Num: NALH-126884800 State: Arkansas

Application

TOI: A03I Individual Annuities - Deferred Variable SERFF Status: Closed-Approved-Closed State Tr Num: 47248

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: 14272V

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Laurie Christensen,
Deanna Hoffman, Stacy Reece,
Chris Cairns, Amy Peterson

Disposition Date: 11/10/2010

Date Submitted: 11/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 14272V Variable Annuity Application
Project Number: 14272V Variable Annuity Application
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/10/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/10/2010

Created By: Deanna Hoffman

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Chris Cairns

Filing Description:

RE: MIDLAND NATIONAL LIFE INSURANCE COMPANY

NAIC #431-66044 FEIN #46-0164570

New Submission Product Description

14272V Variable Annuity Application

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We are filing the above form for your review and approval. The form is laser printed and we reserve the right to change fonts and layouts. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

This application will be used with previously approved group and individual variable annuity forms and group and individual variable annuity products filed and approved in the future. We have reviewed Rules and Regulations 19 and 49 and since this is an application filing, these two rules do not apply to this filing. However, we do comply with the flesch readability requirements. We reserve the right to add, change, delete funds or optional benefits, so these sections are bracketed as variable. Certain information has been bracketed as variable to allow us the flexibility to make changes in the future. Please see Statement of Variability for bracketing explanation.

Your review for approval, at your earliest convenience, will be appreciated. If you have further questions concerning this filing, please contact me at 1-877-586-0240 x 35536.

Company and Contact

Filing Contact Information

Stacy Reece, Product Analyst sreece@mnlife.com
 4601 Westown Parkway, Suite 300 515-440-5536 [Phone]
 West Des Moines, IA 50266 515-440-5599 [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

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$50.00	11/08/2010	41645505

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/10/2010	11/10/2010

SERFF Tracking Number: NALH-126884800 *State:* Arkansas
Filing Company: Midland National Life Insurance Company *State Tracking Number:* 47248
Company Tracking Number: 14272V
TOI: A031 Individual Annuities - Deferred Variable *Sub-TOI:* A031.002 Flexible Premium
Product Name: 14272V Variable Annuity Application
Project Name/Number: 14272V Variable Annuity Application/14272V Variable Annuity Application

Disposition

Disposition Date: 11/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-126884800 State: Arkansas
 Filing Company: Midland National Life Insurance Company State Tracking Number: 47248
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	14272V Statement of Variability		Yes
Form	Variable Annuity Application		Yes

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Form Schedule

Lead Form Number: 14272V

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	14272V	Application/Variable Annuity Enrollment Application Form	Initial		50.000	14272V PRT 11-10 Application_FI NAL 11.04.10.pdf



VARIABLE ANNUITY APPLICATION

 **MIDLAND NATIONAL[®]**
Life Insurance Company • Variable Annuities

A Member of the Sammons Financial Group

VARIABLE ANNUITY APPLICATION

VARIABLE ANNUITY SERVICE CENTER MAILING INSTRUCTIONS

Regular Mail:

Midland National—Annuity Division

Attn: Variable Annuity
P. O. Box 79907
Des Moines, Iowa 50325-0907
Phone: 866-270-9564

Express Delivery:

Midland National—Annuity Division

Attn: Variable Annuity
4350 Westown Parkway
West Des Moines, Iowa 50266
Fax: 866-270-9565

1 (A) ANNUITANT

Name: _____ SSN# or Tax ID: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ E-mail Address: _____ Male Female

1 (B) JOINT ANNUITANT (IF APPLICABLE)

Name: _____ SSN# or Tax ID: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ E-mail Address: _____ Male Female

2 (A) OWNER (IF OTHER THAN ANNUITANT)

Name: _____ SSN# or Tax ID: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ E-mail Address: _____ Male Female

2 (B) JOINT OWNER (IF APPLICABLE)

Name: _____ SSN# or Tax ID: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ E-mail Address: _____ Male Female

3 (A)**ANNUITANT'S BENEFICIARY(IES)**

Multiple beneficiaries use the Beneficiary Designation Form.

PRIMARY BENEFICIARY

Name (first, middle initial, last)	SSN/TIN (include dashes)	Relationship	Percentage (%)

CONTINGENT BENEFICIARY

Name (first, middle initial, last)	SSN/TIN (include dashes)	Relationship	Percentage (%)

3 (B)**OWNER'S BENEFICIARY(IES) (JOINT OWNER UNLESS OTHERWISE STATED.)**

Multiple beneficiaries use the Beneficiary Designation Form.

PRIMARY BENEFICIARY

Name (first, middle initial, last)	SSN/TIN (include dashes)	Relationship	Percentage (%)

CONTINGENT BENEFICIARY

Name (first, middle initial, last)	SSN/TIN (include dashes)	Relationship	Percentage (%)

Note: Complete section 3(B) if you want someone other than the surviving owner to receive 100% of the Death Benefit.**4****TAX STATUS**

- Nonqualified 403(b) TSA Inherited IRA
 IRA-Individual* IRA-Roth* IRA-SEP Other _____

* Contribution year and amount: Year _____ Amount \$ _____ / Year _____ Amount \$ _____

5**REPLACEMENT**

Do you have any existing life insurance or annuity contracts? Yes No

Will this annuity replace any existing life insurance or annuity? Yes No

Company Name: _____ Contract Number: _____

Your registered representative is required to leave with you the original or a copy of all written or printed sales material used in the sale of this product. Please retain all such copies for future reference.

PRODUCT SELECTION (SELECT ONE)

- National Advantage® Variable Annuity
(Base Contract only)

OPTIONAL RIDER SELECTION (SELECT WHAT APPLIES)

- [Bonus Credit Rider]
- [Estate Planning Rider]
(Cannot be purchased in conjunction with the Guaranteed Income 5th and Guaranteed Minimum Withdrawal Benefit Riders)]
- [Guaranteed Income 5SM]
(Cannot be purchased in conjunction with the Bonus Credit, Estate Planning, Guaranteed Income SelectSM, Guaranteed Minimum Withdrawal Benefit and Higher Education Riders)]
- [Guaranteed Income SelectSM]
(Cannot be purchased in conjunction with the Guaranteed Income 5th, Guaranteed Minimum Withdrawal Benefit and Higher Education Riders)]
- [Guaranteed Minimum Death Benefit Rider]
- [Guaranteed Minimum Withdrawal Benefit
(Cannot be purchased in conjunction with the Estate Planning, Guaranteed Income 5th Guaranteed Income SelectSM and Higher Education Riders)]
- [Higher Education Rider
(Cannot be purchased in conjunction with the Guaranteed Income 5th, Guaranteed Income SelectSM and Guaranteed Minimum Withdrawal Benefit Riders)]
- [Minimum Premium Rider]

- National Advantage® Variable Annuity
(Base Contract with Surrender Charge Rider)

- [Estate Planning Rider
(Cannot be purchased in conjunction with the Guaranteed Income 5th and Guaranteed Minimum Withdrawal Benefit Riders)]
- [Guaranteed Income 5SM]
(Cannot be purchased in conjunction with the Bonus Credit, Estate Planning, Guaranteed Income SelectSM, Guaranteed Minimum Withdrawal Benefit and Higher Education Riders)]
- [Guaranteed Income SelectSM]
(Cannot be purchased in conjunction with the Guaranteed Income 5th, Guaranteed Minimum Withdrawal Benefit and Higher Education Riders)]
- [Guaranteed Minimum Death Benefit Rider]
- [Guaranteed Minimum Withdrawal Benefit
(Cannot be purchased in conjunction with the Estate Planning, Guaranteed Income 5th Guaranteed Income SelectSM and Higher Education Riders)]
- [Minimum Premium Rider]
- [Surrender Charge Rider Selection]
 0-Year*

* If you select the zero-year Surrender Charge Rider, you cannot at any time allocate premium to the Fixed Account.

- Midland National Advantage III® Variable Annuity Premium Bonus Rider
- Guaranteed Minimum Withdrawal Benefit

INITIAL INVESTMENT, DOLLAR COST AVERAGING & PORTFOLIO REBALANCING

- INITIAL INVESTMENT—Please make check payable to Midland National Life Insurance Company.
Initial premium: \$ _____ (If premium is either an exchange or transfer, please indicate approximate amount.)
 - A. Choose Easy-Select Portfolio, or
 - B. Self-Select Portfolio. Use whole numbers only. Must equal 100%.
- MONTHLY PRE-AUTHORIZED WITHDRAWAL—First premium will be drawn after contract is issued.
 - Checking Savings (check one) Transit Routing # _____ Account # _____
 - Draft date (days 1-28 only) _____ Monthly amount (minimum \$50) \$ _____
- DOLLAR COST AVERAGING (DCA)
 - _____ % of initial premium allocated to the **DCA Fixed Account***. *May not be available in all states.* Premium will be transferred in equal monthly installments out of the DCA Fixed Account to the portfolios selected below. If you select the zero-year Surrender Charge Rider, you cannot at any time allocate premium to the DCA Fixed Account.
 - 6 Month
 - 12 Month

DCA to the following Fund Allocations

Fund Name	%	Fund Name	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
100%		100%	

*If the Fixed DCA Account is not 100% of the initial investment, the % listed above must equal 100% when combined with the initial investment allocations listed in section [7(A)] or 7(B).

- PORTFOLIO REBALANCING—*Optional - Accumulation Value will rebalance to the portfolios selected in section [7(A)] or 7(B) at the frequency selected below.*
 - Indicate Frequency: Quarterly Semi-annual Annual

[Note: If you select an Easy-Select Portfolio in Section 7(A), Portfolio Rebalance will automatically occur on each contract anniversary unless otherwise indicated in this section.]

7 (A)

EASY-SELECT PORTFOLIO

(Note: Portfolio rebalance will occur on each contract anniversary unless otherwise noted in section 7)

- Conservative Portfolio Model
- Moderate-Conservative Portfolio Model
- Moderate Portfolio Model
- Moderate-Aggressive Portfolio Model
- Aggressive Portfolio Model

SELF-SELECT PORTFOLIO

ACCOUNT DIVISION	(A) INITIAL INVESTMENT	ACCOUNT DIVISION	(A) INITIAL INVESTMENT
Alger Capital Appreciation	_____ %	Invesco V.I. Financial Services Fund	_____ %
Alger LargeCap Growth	_____ %	Invesco V.I. Global Health Care Fund	_____ %
Alger MidCap Growth Portfolio	_____ %	Invesco V.I. Technology Fund	_____ %
American Century VP Balanced Fund	_____ %	Invesco V.I. Utilities Fund	_____ %
American Century VP Capital Appreciation Fund	_____ %	JPMorgan Insurance Trust Core Bond	_____ %
American Century VP Income & Growth Fund	_____ %	JPMorgan Insurance Trust Small Cap Core	_____ %
American Century VP Inflation Protection Fund	_____ %	Lord, Abnett & Co. VC Growth and Income	_____ %
American Century VP International Fund	_____ %	Lord, Abnett & Co. VC International Opportunities	_____ %
American Century VP Large Company Value Fund	_____ %	Lord, Abnett & Co. VC MidCap Value	_____ %
American Century VP MidCap Value Fund	_____ %	MFS® VIT Growth Series	_____ %
American Century VP Ultra® Fund	_____ %	MFS® VIT Investors Trust Series	_____ %
American Century VP Value Fund	_____ %	MFS® VIT New Discovery Series	_____ %
Calvert VP SRI Equity Portfolio	_____ %	MFS® VIT Research Series	_____ %
Calvert VP SRI MidCap Growth Portfolio	_____ %	Neuberger Berman AMT Mid-Cap Growth Portfolio	_____ %
Fidelity VIP Asset Manager: Growth® Portfolio	_____ %	Neuberger Berman AMT Regency Portfolio	_____ %
Fidelity VIP Asset Manager SM Portfolio	_____ %	Neuberger Berman AMT Small-Cap Growth Portfolio	_____ %
Fidelity VIP Balanced Portfolio	_____ %	PIMCO VIT High Yield Portfolio	_____ %
Fidelity VIP Contrafund® Portfolio	_____ %	PIMCO VIT Low Duration Portfolio	_____ %
Fidelity VIP Equity-Income Portfolio	_____ %	PIMCO VIT Real Return Portfolio	_____ %
Fidelity VIP Growth & Income Portfolio	_____ %	PIMCO VIT Total Return Portfolio	_____ %
Fidelity VIP Growth Opportunities Portfolio	_____ %	Rydex VT U.S. Long Short Momentum	_____ %
Fidelity VIP Growth Portfolio	_____ %	Rydex VT Government Long Bond 1.2x Strategy	_____ %
Fidelity VIP High Income Portfolio	_____ %	Rydex VT Inverse Government Long Bond Strategy	_____ %
Fidelity VIP Index 500 Portfolio	_____ %	Rydex VT Inverse NASDAQ-100® Strategy	_____ %
Fidelity VIP Investment Grade Bond Portfolio	_____ %	Rydex VT Inverse S&P 500 Strategy	_____ %
Fidelity VIP MidCap Portfolio	_____ %	Rydex VT Nova Fund	_____ %
Fidelity VIP Money Market Portfolio	_____ %	Rydex VT NASDAQ-100®	_____ %
Fidelity VIP Overseas Portfolio	_____ %	Rydex VT U.S. Government Money Market Fund	_____ %
Fidelity VIP Value Strategies Portfolio	_____ %	Van Eck VIP Global Bond Fund	_____ %
Fixed Account	_____ %	Van Eck VIP Emerging Markets Fund	_____ %
Goldman Sachs VIT Large Cap Value Fund	_____ %	Van Eck VIP Global Hard Assets Fund	_____ %
Goldman Sachs VIT MidCap Value Fund	_____ %		
Goldman Sachs Structured Small Cap Equity Fund	_____ %		

DOCUMENT DELIVERY

Yes, I would like to receive the variable product prospectus, fund company prospectus and fund company reports electronically instead of the paper version. I have access to a computer with a CD-ROM drive and internet access to view these documents. 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 electronically. I can change my mind at any time by contacting Midland National at [866-270-9564] and revoking this consent.

Yes, 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.midlandannuity.com] . I understand that I can receive a paper version of any document without cost or penalty by contacting Midland National at [866-270-9564]. 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 [866-270-9564]. 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 annuity contract terminates. Please provide your e-mail address if you are interested in receiving information on electronic document delivery via the internet:

Note: E-mail address must be provided in Section 1.

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TELEPHONE REALLOCATION AUTHORIZATION (READ CAREFULLY)

I hereby authorize and direct Midland National to act on telephone instructions when proper identification is furnished, to exchange units between the Fixed Account or fund portfolios and/or to change the allocation of future premium payments. I agree that Midland National 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. Midland National 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.

- Check here to accept.*
- Check here to decline.*

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AUTHORIZATION FOR REGISTERED REPRESENTATIVE (READ CAREFULLY)

I hereby authorize and direct Midland National to act on telephone, written or facsimile instructions communicated by the registered representative of record to exchange units between the Fixed Account or fund portfolios and/or to change the allocation of future premium payments. This authorization does not grant the representative discretion to communicate any transaction without my prior approval. I agree that Midland National is not liable for any loss arising from any exchange or change in allocation of future premium payments by acting in accordance with these instructions. Midland National 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 instructions. This authorization will remain in effect until Midland National receives written notification of cancellation from the contract owner, or the named representative is no longer contracted and appointed with Midland National. I understand that any subsequent modifications or additions made to the application after it is submitted must be initialed by the client.

- Check here to accept.*
- Check here to decline.*

11

FRAUD NOTICE

[ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA, TENNESSEE AND VIRGINIA] RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or registered representative of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a contract owner or claimant for the purpose of defrauding, or attempting to defraud, the contract owner or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance contract is subject to criminal and civil penalties.

FLORIDA 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.

WASHINGTON RESIDENTS: It's a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

12

FINANCIAL INSTITUTION DISCLOSURE

Insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.

OWNER'S STATEMENT

I understand that I am purchasing a variable annuity product and that: (a) past performance is not a guarantee of future results; (b) variable annuity products are not insured by the Federal Deposit Insurance Corporation (FDIC); (c) they are not guaranteed by a bank; (d) they are subject to investment risk, including possible loss of principal investment; and (e) early withdrawals from an annuity will be subject to surrender charges, taxed as ordinary income, and an additional non-deductible excise tax.

I acknowledge receipt of a current product and a fund company prospectus containing current prospectuses for all available portfolios. I would like to receive the Statement of Additional Information.

All statements made in this application (including all pages) are true and I agree to all terms and conditions stated herein. I also agree that this application will become a part of my annuity contract. I further verify my understanding that all payments and values provided by the contract, when based on investment experience of the variable account, are variable and not guaranteed as to dollar amount. The variable annuity applied for is suitable for my investment objectives, financial situation and insurance needs. Under penalty of perjury, I certify that the social security or taxpayer identification number is correct as it appears in this application.

Have you or will you be compensated in any way to purchase this contract? Yes No

Are you paying for this contract with your own funds? Yes No

Have you entered into or are you considering any other agreement in regards to this contract including but not limited to an agreement to sell, transfer or assign any rights in the policy? Yes No

Signed at (city, state)	Date Signed (mm/dd/yyyy)
Annuitant's Signature	Joint Annuitant's Signature
Owner's Signature (if other than Annuitant or Immediate Family Member)	Joint Owner's Signature
Spouse's Signature (*Required in community property states only)	<input type="checkbox"/> I am not married
*AZ, CA, ID, LA, NM, NV, TX, WA and WI are current community property states.	

REGISTERED REPRESENTATIVE'S STATEMENT

I certify that I have reviewed this application, determined that all questions are answered fully, completely and accurately as supplied by the applicant and recorded in full detail as required.

Will this annuity replace any existing life insurance or annuity? Yes No

If yes, please provide the Company Name: _____

Contract Number: _____

Reminder: Please complete and submit a State Replacement Form (where required) with this application.

Registered Representative's Full Name (please print)	Registered Representative's Signature	Date Signed (mm/dd/yyyy)
Phone Number (include area code)	Registered Representative's Number	
Additional Registered Representative Name (please print)		Percentage
Resident Registered Representative's Countersignature (where required)		Phone Number (include area code)

FOR REGISTERED REPRESENTATIVE USE ONLY —

A	B	C
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



107723



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Product Name: 14272V Variable Annuity Application
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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: 14272V Statement of Variability

Comments:

Attachment:

14272V STATEMENT OF VARIABILITY_11-1-2010.pdf

STATEMENT OF VARIABILITY
VARIABLE ANNUITY APPLICATION
14272V

The following sections of Variable Annuity Application, form 14272V, have been bracketed. Please see explanations for each section below.

PAGE 2:

VARIABLE ANNUITY SERVICE CENTER MAILING INSTRUCTIONS – This information is bracketed to allow for flexibility in address changes in the future.

SECTION 6

This information is bracketed to allow for the individual sections to be removed in the event that a product is discontinued or if a new product is added. Each rider within the product options is also bracketed to allow for removal if no longer available on that product and to allow for new product options to be added.

SECTION 7

7 (A) information is bracketed in this section and will allow for the EASY-SELECT PORTFOLIO section, 7 (A), to be removed if no longer an available option on the variable products.

SECTION 7 (A)

This section is bracketed to allow for removal in the event this option no longer is available.

SECTION 7 (B)

The SELF-SELECT PORTFOLIO is bracketed to allow for funds to be removed and new funds to be added when necessary.

SECTION 8

We are currently using the first bracketed paragraph in this section in all applications. However, the second bracketed paragraph may replace the first paragraph in the future should electronic document delivery via the internet be made available.

SECTION 11

This section is bracketed to allow for future change in state fraud notices. This allows flexibility to add new states, as required in the future, to this section as well as revising the existing state notices as applicable. Addition of new state notices and revisions made to existing state notices will be filed with the applicable state for approval as required by state law.

SECTION 14

The brackets in the FOR REGISTERED REPRESENTATIVE USE ONLY area will allow for the registered representative to select their applicable commission schedule and also allows for added commission schedules as needed.

Our website is bracketed to allow for change in the future if needed.