

SERFF Tracking Number: MNNL-126524597 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 45068
Company Tracking Number: JAB-1967
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Mortgage Accidental Death Insurance
Project Name/Number: Mortgage AD Plus - Application Filing/JAB-1967

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Group Mortgage Accidental Death Insurance SERFF Tr Num: MNNL-126524597 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- Closed State Tr Num: 45068

Sub-TOI: L04G.500 Other

Co Tr Num: JAB-1967

State Status: Approved-Closed

Filing Type: Form

Author: Jeanine Berfeldt

Reviewer(s): Linda Bird

Date Submitted: 03/02/2010

Disposition Date: 03/05/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Mortgage AD Plus - Application Filing

Status of Filing in Domicile: Not Filed

Project Number: JAB-1967

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type:

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Other

Filing Status Changed: 03/05/2010

Explanation for Other Group Market Type:

Debtor

Deemer Date:

State Status Changed: 03/05/2010

Submitted By: Jeanine Berfeldt

Created By: Jeanine Berfeldt

Filing Description:

Corresponding Filing Tracking Number:

Please see attached Cover Letter for filing description.

Company and Contact

Filing Contact Information

Jeanine Berfeldt, Product Compliance Analyst jeanine.berfeldt@securian.com

400 Robert Street North

651-665-4460 [Phone]

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St. Paul, MN 55101-2098 651-665-5424 [FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
400 Robert Street North	Group Code: 869	Company Type:
Law Department	Group Name:	State ID Number:
St. Paul, MN 55101-2098	FEIN Number: 41-0417830	
(651) 665-3500 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$150.00	03/02/2010	34543844

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Correspondence Summary

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	03/04/2010	03/04/2010	Jeanine Berfeldt	03/04/2010	03/04/2010
Industry						
Response						

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/04/2010
Submitted Date 03/04/2010
Respond By Date 04/05/2010

Dear Jeanine Berfeldt,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Form #09-50590.3, Mortgage Accidental Death Insurance Application, was not attached to the form schedule.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/04/2010
 Submitted Date 03/04/2010

Dear Linda Bird,

Comments:

This is in response to your objection letter dated March 4, 2010.

Response 1

Comments: Thank you for bringing this to my attention. I apologize the application was not attached to my initial submission.

I have attached it to the Form Schedule tab at this time.

Related Objection 1

Comment:

Form #09-50590.3, Mortgage Accidental Death Insurance Application, was not attached to the form schedule.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Mortgage Accidental Death Insurance Application	09-50590.3		Application/Enrollment Form	Initial		42.000	09-50590.3.jd.pdf

No Rate/Rule Schedule items changed.

Please let me know if you have any additional questions or concerns regarding this filing. Thank you.

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Sincerely,
Jeanine Berfeldt

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Form Schedule

Lead Form Number: 09-50590.3

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09-50590.3	Application/Enrollment Form	Mortgage Accidental Death Insurance Application	Initial		42.000	09-50590.3.jd.pdf

Mortgage Accidental Death Insurance Application

YES, enroll me in the mortgage accidental death insurance plan underwritten by Minnesota Life Insurance Company of St. Paul, Minnesota. I understand I must be under age [65] to be eligible for this coverage. The plan will pay off my scheduled outstanding mortgage balance (up to [\$300,000]) in the event of my accidental death.

[**Apply by phone (toll-free): 1-800-328-9343**]

Individual Plan – Insures 1 person	Monthly Premium: \$
Joint Plan – Insures 2 people	Monthly Premium: \$

[The premium includes a monthly policy fee of \$4.00 for single coverage and \$6.00 for joint coverage.]

[**Payment Method** (choose one)

Escrow: Please bill and collect the premium with my mortgage payment

Electronic Funds Transfer (Monthly only)
See back for additional details and authorization.

Credit (or Debit) Card (Quarterly only)
See back for additional details and authorization.

Direct Bill: Please Bill me: Quarterly Semi-annually Annually

Applicant Please Print

Co-Applicant (If coverage desired) Please Print

Name (first, middle, last)		Name (first, middle, last)	
Applicant's date of birth	Telephone number ()	Co-Applicant's date of birth	Telephone number ()

By signing below I:

1. Verify that I am at least age 18[, but not more than age [65]] and would like to apply for this mortgage accidental death insurance plan underwritten by Minnesota Life Insurance Company;
2. Understand that coverage will become effective after this application is approved by the Company and the first premium is paid and received by Minnesota Life;
3. Understand that fees may be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates;
4. Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number and current outstanding loan balance to Minnesota Life Insurance Company, a non-affiliate of [lender] to activate my coverage];
5. Acknowledge that I have reviewed the [fraud statement and] exclusions [on the back of this application]; and
6. Acknowledge that I have received, read and understand the [Consumer Protection Disclosures] [on the back of this application].

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

Applicant's signature (required) X	Date (mo/day/yr)	Co-Applicant's signature (if applying) X	Date (mo/day/yr)
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For Office Use Only

Case number	Initial loan balance	Interest rate	Term of loan	Initial amount of insurance
Beneficiary/Lender			Loan number	

09-50590.3

Send no money now. Complete, sign and mail this application in the postage-paid envelope provided.

[Or, apply by phone at 1-800-328-9343.]



Electronic Funds Transfer Authorization (Check one) **Checking Account (Remember to attach a voided check.)** **Savings Account**

I authorize Minnesota Life Insurance Company to make charges equal to the monthly premium against the account indicated below, and the financial institution named below to withdraw that premium from my account. I understand the first premium payment may be more than the monthly premium since the premium from the date of approval until the first of the following month will be added to the first month's payment.

Account number	Routing/Transit number
----------------	------------------------

Financial institution

Financial institution address (street, city, state, zip)
--

This authorization will remain in effect until the financial institution has received and has had reasonable time to act on a written request from me to terminate this agreement. I understand that I can stop a premium withdrawal by notifying the financial institution at least three business days before the withdrawal is made. In the event of a withdrawal error, I must promptly notify the financial institution to preserve any rights I may have. Please send direct billing inquiries to Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098.

I have read and understand the statements above pertaining to the billing option.

Applicant's signature X	Date signed
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Credit (or Debit) Card Authorization

<input type="checkbox"/> MasterCard® <input type="checkbox"/> VISA
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Account number	Expiration date	Signature of account holder X
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Exclusions

In no event will we pay the accidental death benefit where your death is caused directly or indirectly by, results from, or there is contribution from, any of the following:

1. self-inflicted injury or self destruction, whether sane or insane; 2. suicide or attempted suicide, whether sane or insane; 3. your participation in or your attempt to commit a crime, assault or felony; 4. bodily or mental infirmity, illness or disease; 5. the use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. motor vehicle collision or accident where you are the operator of the motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto. 7. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 8. medical or surgical treatment or diagnostic procedures or any resulting complications; 9. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; 10. war or any act of war, whether declared or undeclared.

CT: Exclusions 3 and 5 read: 3. your participation in or your attempt to commit a felony; 5. the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by your physician for you. **IL:** The accidental death benefit is not payable when death results from or is caused directly by the causes shown above. **LA:** Exclusion #5 reads: 5. your being intoxicated or under the influence of narcotics unless administered on the advice of a physician. **MA:** Exclusion #10 reads: 10. war or any act of war, while serving in the military, or within six (6) months after termination of service in the military forces. **MO:** Exclusion #2 reads: suicide while sane. **MT:** 1. self-inflicted injury or self-destruction, while sane; 2. suicide or attempted suicide, while sane. **OK:** The accidental death benefit is not payable when death results from or is caused directly by the causes shown above. Exclusion 10 reads: 10. war or any act of war, whether declared or undeclared, while serving in the military service or any auxiliary unit attached thereto. **OR:** The accidental death must occur within 180 days after the date of the accidental injury. The accidental death benefit is not payable when death results from or is caused directly by the causes shown above. Exclusions 5-11 read: 5. the voluntary use of drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested, or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage; 6. the voluntary use of alcohol where your blood alcohol level meets or exceeds the level at which intoxication is defined by the laws of the state where said alcohol use occurred; 7. motor vehicle collision or accident where you are the operator of a motor vehicle and your blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of the outcome of any legal proceedings connected thereto; 8. infection, other than infection occurring simultaneously with, and as a direct result of, the accidental injury; 9. medical or surgical treatment or diagnostic procedures or any resulting complications; 10. travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft carrier; 11. war or any act of war whether declared or undeclared. **SD:** 5. the use of poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested, or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage. Exclusion 6 deleted. **WI:** 3. your participation in a criminal act that results in a felony conviction. 5. the voluntary use of alcohol, drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested, or injected, unless taken upon the advice of a licensed physician in the verifiable prescribed manner and dosage.

[Consumer Protection Disclosures]

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.]

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

ReadabilityCertification.pdf
MHC-36450-G 6-2006.pdf
MHC-41371-G 1-2004.pdf

Item Status: **Status**
Date:

Satisfied - Item: Explanation of Variables

Comments:

Attachment:

AR_Explanation of Variables.pdf

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

2010-03-02 AR_CoverLetter.pdf

CERTIFICATION OF READABILITY

This is to certify that the attached Mortgage Accidental Death Insurance Application
Form Number 09-50590.3 has achieved a Flesch Reading Ease Score of 42.0
and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the
Life and Disability Insurance Policy Language Simplification Act.

Jeanine A. Berfeldt

Signature (Must be an Officer)

Name: Jeanine A. Berfeldt

Title: Assistant Secretary

Date: March 2, 2010

If an insurer chooses to score certain forms as separate from the policy with which they may be used, this information must be contained in the certificate.

If a policy is scored by a method other than the Flesch reading ease score, use of the alternate method shall be explained in detail.

This notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Minnesota Life Insurance Company
Group Division
400 Robert Street North
St. Paul, Minnesota 55101-2098
TEL: 651-665-3500

If we at Minnesota Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
TEL: (501) 371-2640
Toll-Free: (800) 852-5494

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND DISABILITY INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, AR 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904**

The state law that provides for this safety-net coverage is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(please turn to back of page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contractholder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal Law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

Explanation of Variables
Minnesota Life Insurance Company
Form 09-50590.3

1. [Apply by phone (toll-free): 1-800-328-9343] may be removed if application by telephone is not being offered. This section is also bracketed in the event the toll-free number changes.
2. [MONTHLY PREMIUM [\$16.00] [\$24.00]] is bracketed because the premium will vary by applicant, depending on the amount of their outstanding loan/initial amount of insurance.
3. The sentence [The premium includes a monthly policy fee of \$4.00 for single coverage and \$6.00 for joint coverage.] is bracketed to allow it to be included or removed, depending on whether a policy fee is being charged.
4. [Payment Method (choose one)] section is bracketed to allow it to be tailored to a client's specific needs. One, or multiple, payment methods may be offered by client.
5. **Authorization:**
 - The phrase [, but not more than age [65]] will be removed if there is no maximum eligibility age, or if a different eligibility age is being used.
 - The text "Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number and current outstanding loan balance to Minnesota Life Insurance Company, a non-affiliate of [lender] to activate my coverage]" will vary based on marketing approach used for a specific client.

The premium payment options that are available for this plan include escrow, EFT (electronic funds transfer), credit card or direct billing. The language of the bracketed text above may change depending on the premium collection method being offered.
 - The text "[Acknowledge that I have reviewed the [fraud statement and] exclusions [on the back of this application]" will vary based on the location of the fraud statement within the marketing package. That item might appear on a separate page, or it may be included on the front or back page of the application.
 - The text [Consumer Protection Disclosures]" will vary if a client chooses to re-title the disclosures to be something similar, such as "Federal Disclosures".
 - The phrase "[on the back of this application]" will vary based on the location of the Consumer Protection Disclosures within the marketing package. Those disclosures may appear on the front of the application, the back of the application, or on a separate piece within the marketing package.
6. **General Variability:**
 - The general placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, etc.)
 - Various sections of the form may be printed in color.
 - Graphics or images may be added depending on marketing and client needs.
 - The content within the "Fraud Warning" and/or "Exclusions" section(s) may change by state depending on filing experience. Variability of these sections is necessary only to accommodate changes requested by state insurance departments during the filing process or when a state's laws change.

Minnesota Life Insurance Company
A Securian Company
400 Robert Street North
St. Paul, MN 55101-2098

MINNESOTA LIFE

March 2, 2010

Mr. Dan Honey, Deputy Commissioner
Life and Health Division
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC: 66168
Group: 869

RE: Minnesota Life Filing No. JAB-1967
09-50590.3 Mortgage Accidental Death Insurance Application

Dear Mr. Honey:

A copy of the above-referenced form is attached for your review and approval. This form is new and will not replace any forms previously approved by your Department.

Form 09-50590.3 is an insured's application intended to be used by eligible debtors of participating financial institutions who are applying for coverage under group accidental death insurance policy 03-50211T, which was approved by your Department on February 4, 2004 under SERFF Tracking No. USPH-5VNN33425.

Variable text has been marked with brackets. If text is changed, it will never be less favorable than your state's laws allow. An Explanation of Variables is also being provided describing the bracketed material. Minnesota Life Insurance Company reserves the right to change the color, font, sequential order and layout of the attached form.

I look forward to your approval of the above-referenced form in the State of Arkansas. If you have any questions, please contact me.

Thank you.

Sincerely,



Jeanine A. Berfeldt
Product Compliance Analyst
Tel: 651.665.4460
Fax: 651.665.5424
Email: jeanine.berfeldt@securian.com