

SERFF Tracking Number: MADS-126566433 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 45317
Company Tracking Number: PALIC CERT
TOI: L01 Life - Assumption Agreement Sub-TOI: L01.000 Life - Assumption Agreement
Product Name: Assumption filing
Project Name/Number: /

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Assumption filing SERFF Tr Num: MADS-126566433 State: Arkansas
TOI: L01 Life - Assumption Agreement SERFF Status: Closed-Approved- State Tr Num: 45317
Closed

Sub-TOI: L01.000 Life - Assumption Agreement Co Tr Num: PALIC CERT State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Authors: Sue Long, Cheryl Richards Disposition Date: 04/07/2010
Date Submitted: 03/31/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
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: 04/07/2010 Explanation for Other Group Market Type:
State Status Changed: 04/07/2010
Deemer Date: Created By: Cheryl Richards
Submitted By: Cheryl Richards Corresponding Filing Tracking Number:
Filing Description:
RE: Form PALIC CERT – Certificate of Assumption
Assumption Agreement between Madison National Life Insurance Company, Inc and Park Avenue Life Insurance Company

Madison National Life Insurance Company, Inc. (Madison National), NAIC number 65781, entered into an Assumption Agreement with Park Avenue Life Insurance Company, (PALIC) effective October 1, 2006. Under this agreement, Madison National has assumed direct responsibility for certain life insurance policies issued by PALIC.

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PALIC has 3 certificate holders who currently reside in your state. We have enclosed assumption certificate PALIC CERT that we intend to issue to each certificate holder who is affected by the transaction. We would appreciate your prompt review and approval of the assumption certificate.

Company and Contact

Filing Contact Information

Cheryl Richards, Compliance Specialist car@madisonlife.com
 PO Box 5008 800-356-9601 [Phone] 2063 [Ext]
 Madison, WI 53705 608-830-2700 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
 1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health
 Madison, WI 53717 Group Name: State ID Number:
 (608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Retaliatory State. Since WI has no filing fee, the fee is \$50.00 because that is the greater amount.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	03/31/2010	35285656

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/07/2010	04/07/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/06/2010	04/06/2010	Sue Long	04/06/2010	04/06/2010

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Disposition

Disposition Date: 04/07/2010

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		No
Supporting Document	Cover Letter		No
Form (revised)	Assumption Certificate		No
Form	Assumption Certificate	Replaced	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/06/2010
Submitted Date 04/06/2010
Respond By Date 05/06/2010

Dear Cheryl Richards,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Please refer to Section 6 of Department Rule and Regulation 55. I have reviewed the submission and it does not meet all requirements of Section 6, specifically subsections (D) and (E).

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 04/06/2010
Submitted Date 04/06/2010

Dear Linda Bird,

Comments:

Thank you for your letter.

Response 1

Comments: I have reviewed Regulation 55 section 6 and subsection (D) and (E) and have made the following changes to the Certificate of Assumption form:

(D)

"Any inquiries regarding the notice or assumption certificate".....

Attention: Acquisition Department

(E)

You may obtain additional information concerning Madison National Life Insurance Company by contacting your state's insurance Department at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2600 or 1-800-282-9134

Related Objection 1

Comment:

Please refer to Section 6 of Department Rule and Regulation 55. I have reviewed the submission and it does not meet all requirements of Section 6, specifically subsections (D) and (E).

Changed Items:

No Supporting Documents changed.

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Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Assumption Certificate	PALIC CERT		Certificate	Initial			PALIC CERT-AR.pdf
Previous Version							
Assumption Certificate	PALIC CERT		Certificate	Initial			PALIC CERT.pdf

No Rate/Rule Schedule items changed.

I believe this Certificate of Assumption form now complies with the above regulation.

Thank you very much for your time.
Sue

Sincerely,
Cheryl Richards, Sue Long

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Form Schedule

Lead Form Number: PALIC CERT

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PALIC CERT	Certificate	Assumption Certificate	Initial			PALIC CERT-AR.pdf

CERTIFICATE OF ASSUMPTION

Policyowner Name:

Effective Date:

Policyowner Address:

RE: Policy Number:

Park Avenue Life Insurance Company (PALIC), entered into an Assumption Agreement with Madison National Life Insurance Company, Inc. ("Madison") effective as of October 1, 2006 (the "Effective Date"). Under this agreement, Madison assumed direct responsibility for your Policy(ies) listed above.

The effect of this agreement is that Madison is now the insurer of your Policy(ies) and is responsible for all obligations and responsibilities including without limitation, all benefit payments due under your Policy(ies).

Any references in your Policy(ies) to PALIC shall no longer apply. However, nothing contained in this Certificate of Assumption will vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy(ies). All rights, obligations and duties of Madison and you shall remain the same as they were for PALIC and you.

Any inquiries regarding the notice or assumption certificate and all service or claim requests concerning the Policy(ies) should now be addressed to:

Madison National Life Insurance Company, Inc
PO Box 5008
Madison, WI 53705
Phone: 800-356-9601
Attention: Acquisition Department

You may obtain additional information concerning Madison National Life Insurance Company by contacting your state's insurance Department at:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904
(501) 371-2600 or 1-800-282-9134

Please attach this Certificate of Assumption to your Policy.

Madison National Life Insurance Company, Inc.

By:



Larry R. Graber, President

PALIC CERT-AR

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification - CERTS.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: Cover Letter-domicile state info.pdf		

**Madison National Life Insurance Company
PO Box 5008, Madison, WI 53705**

CERTIFICATE OF READABILITY

TO: Department of Insurance

RE: Form PALIC CERT

Having first carefully reviewed the captioned form, I hereby certify that the form meets the minimum requirements of the Flesch reading ease policy simplification test, and that:

1. The Flesch reading ease test has been applied to said form, with resulting score of:

Form	Description	Score
PALIC CERT	Certificate of Assumption	40.3

2. The entire text was analyzed.
3. The type size is at least 10 point, one point leaded.



Anita Dulmes
Compliance Director

Dated: March 1, 2010

March 31, 2010

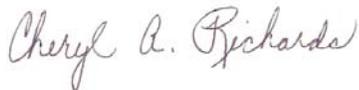
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Please further note that we have received documentation from Park Avenue Life's domicile state of Delaware indicating that the assumption agreement between Madison National and Park Avenue Life Insurance Company does not require their approval.

PALIC has # certificate holders who currently reside in your state. We have attached assumption certificate PALIC CERT that we intend to issue to each certificate holder who is affected by the transaction. We would appreciate your prompt review and approval of the assumption certificate.

Cordially,



Cheryl A. Richards
Compliance Specialist

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/31/2010	Form	Assumption Certificate	04/06/2010	PALIC CERT.pdf (Superseded)

CERTIFICATE OF ASSUMPTION

Policyowner Name:

Effective Date:

Policyowner Address:

RE: Policy Number:

Park Avenue Life Insurance Company (PALIC), entered into an Assumption Agreement with Madison National Life Insurance Company, Inc. ("Madison") effective as of October 1, 2006 (the "Effective Date"). Under this agreement, Madison assumed direct responsibility for your Policy(ies) listed above.

The effect of this agreement is that Madison is now the insurer of your Policy(ies) and is responsible for all obligations and responsibilities including without limitation, all benefit payments due under your Policy(ies).

Any references in your Policy(ies) to PALIC shall no longer apply. However, nothing contained in this Certificate of Assumption will vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the Policy(ies). All rights, obligations and duties of Madison and you shall remain the same as they were for PALIC and you.

All service or claim requests concerning the Policy(ies) should now be addressed to:

Madison National Life Insurance Company, Inc
PO Box 5008
Madison, WI 53705
Phone: 800-356-9601

Please attach this Certificate of Assumption to your Policy.

Madison National Life Insurance Company, Inc.

By:



Larry R. Graber, President

PALIC CERT