

SERFF Tracking Number: MGCA-126589359 State: Arkansas
 Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 45887
 Company Tracking Number: MW-26026 PPO-IP AR 201005 AR MIDWEST 15073
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
 Product Name: MW-26026 PPO-IP AR - Care One / Plus Plans
 Project Name/Number: /

Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-26026 PPO-IP AR - Care One / Plus Plans SERFF Tr Num: MGCA-126589359 State: Arkansas

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num: 45887

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: MW-26026 PPO-IP AR State Status: Approved-Closed 201005 AR MIDWEST 15073

Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Sergei Mordovine, Yan Yuan, Eliseo

Rodriguez, David Beimesch, Tony

Huang, Chanel Orallo, Sommay

Khounlo, Ashley Toner, Jennifer Schilb

Date Submitted: 06/07/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our state of domicile is Texas and does not require rate changes to be filed.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/28/2010

Explanation for Other Group Market Type:

State Status Changed: 06/28/2010

Deemer Date:

Created By: Jennifer Schilb

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Submitted By: Sommay Khounlo
 PPACA: Pre-PPACA Submission
 Filing Description:

Corresponding Filing Tracking Number:

This coverage is designed to provide reimbursement for certain stated medical expenses. Benefits are provided for certain medical care expenses incurred while the policy is in force and are subject to the copayments, deductible, coinsurance percentages, maximum allowable charge, aggregate maximum amount, lifetime maximum amount, and coinsurance maximum amount as shown in the policy schedule.

Company and Contact

Filing Contact Information

David Beimesch, nrhact-comp@healthmarkets.com
 9151 boulevard 26 817-255-3752 [Phone]
 north richland hills, TX 76180

Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas
 9151 Boulevard 26 Group Code: 264 Company Type:
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 62-0724538

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mid-West National Life Insurance Company of Tennessee	\$50.00	06/07/2010	37033666

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/28/2010	06/28/2010

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	Rosalind Minor	06/09/2010	06/09/2010	Sommay Khounlo	06/09/2010	06/09/2010

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Disposition

Disposition Date: 06/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 6% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

We also approved with this filing, the addition of three new coinsurance options as requested.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Supporting Documents	Approved-Closed	No
Rate	MW-26026 PPO-IP AR Rate Page	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/09/2010
Submitted Date 06/09/2010

Respond By Date

Dear David Beimesch,

This will acknowledge receipt of the captioned filing.

Objection 1

- MW-26026 PPO-IP AR Rate Page, [] (Rate)

Comment:

Please advise what coinsurance options were added.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/09/2010
Submitted Date 06/09/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: The following coinsurance options were added:

Coinsurance 50 MaxOutOfPocket 10000 0.811000

Coinsurance 70 MaxOutOfPocket 10000 0.859000

Coinsurance 80 MaxOutOfPocket 10000 0.928000

Thank you for reviewing our filing.

Related Objection 1

Applies To:

- MW-26026 PPO-IP AR Rate Page, [] (Rate)

Comment:

Please advise what coinsurance options were added.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

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Project Name/Number: /
 Ashley Toner, Chanel Orallo, David Beimesch, EDS EDSSupport, Eliseo Rodriguez, Jennifer Schilb, Sergei Mordovine, Sommay Khounlo, Tony Huang, Yan Yuan

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 06/28/2010	MW-26026 PPO-IP AR Rate Page		New		MW-26026 PPO-IP AR (AR) Rate Pages.pdf

Mid-West National Life Insurance Company Of Tennessee

Administration Office: P.O. Box 982010, North Richland Hills, TX 76182-8010

Catastrophic Expense Preferred Provider Organization(PPO) Policy

MW-26026 PPO-IP AR

CareOne & CareOne Plus

Formula
Round(AE x AgeSex x Area x Base x Inflation x Marital x Tobacco x Coinsurance MaxOutOfPocket x Deductible ,2)

Multiply the Base Rate by 3 for quarterly rates, 6 for semi-annual, and 11 for annual premium rates.

Inflation
1.462482000

A \$9 fee is added to the policies on a monthly direct bill mode. A one-time application fee of up to \$55 may be applicable.

Base	Factor
Base Diagnostic Load 21 Days	84.780
Base Diagnostic Load 0 Days	99.740

Based on underwriting results, final rates may range from 50% to the maximum percentage allowed by your state of the calculated rates. This adjustment may also apply to any rider(s) attached.

AE	Factor
Child	1.150000
Female	1.020000
Male	1.020000

Benefit Options	Factor
Coinsurance 50 MaxOutOfPocket 4000	0.987000
Coinsurance 70 MaxOutOfPocket 4000	1.000000
Coinsurance 80 MaxOutOfPocket 4000	1.050000
Coinsurance 50 MaxOutOfPocket 6000	0.930000
Coinsurance 70 MaxOutOfPocket 6000	0.950000
Coinsurance 80 MaxOutOfPocket 6000	1.020000
Coinsurance 50 MaxOutOfPocket 10000	0.811000
Coinsurance 70 MaxOutOfPocket 10000	0.859000
Coinsurance 80 MaxOutOfPocket 10000	0.928000
Deductible 1000	1.300000
Deductible 1500	1.200000
Deductible 2000	1.000000
Deductible 2500	0.960000
Deductible 3000	0.900000
Deductible 3500	0.880000
Deductible 5000	0.820000
Deductible 7500	0.730000
Deductible 10000	0.650000

Other values may be interpolated.

Demographic	Value	Factor
Marital	No	1.000
Marital	Yes	0.900
Tobacco	No	1.000
Tobacco	Yes	1.300

Marital discount only applies if both primary and spouse are insured.

Attained Age	Factor	Gender	Adult/Dep
00	0.7020	Female	Adult
01	0.7020	Female	Adult
02	0.7020	Female	Adult
03 - 13	0.7020	Female	Adult
14	0.7020	Female	Adult
15	0.7020	Female	Adult
16	0.7020	Female	Adult
17	0.7020	Female	Adult
18	0.7020	Female	Adult
19	0.7020	Female	Adult
20	0.7020	Female	Adult
21	0.7020	Female	Adult
22	0.7040	Female	Adult
23	0.7060	Female	Adult
24	0.7090	Female	Adult
25	0.7190	Female	Adult
26	0.7290	Female	Adult
27	0.7440	Female	Adult
28	0.7680	Female	Adult
29	0.8000	Female	Adult
30	0.8260	Female	Adult
31	0.8590	Female	Adult
32	0.8930	Female	Adult
33	0.9220	Female	Adult
34	0.9550	Female	Adult
35	0.9790	Female	Adult
36	1.0130	Female	Adult
37	1.0470	Female	Adult
38	1.0780	Female	Adult
39	1.0970	Female	Adult
40	1.1240	Female	Adult
41	1.1640	Female	Adult
42	1.2030	Female	Adult
43	1.2570	Female	Adult
44	1.2930	Female	Adult
45	1.3280	Female	Adult
46	1.3660	Female	Adult
47	1.3880	Female	Adult
48	1.4240	Female	Adult
49	1.4590	Female	Adult
50	1.4960	Female	Adult
51	1.5550	Female	Adult
52	1.6280	Female	Adult
53	1.7410	Female	Adult
54	1.8540	Female	Adult
55	1.9720	Female	Adult
56	2.0920	Female	Adult
57	2.2420	Female	Adult
58	2.3960	Female	Adult
59	2.5320	Female	Adult
60	2.6840	Female	Adult
61	2.8700	Female	Adult

Attained Age	Factor	Gender	Adult/Dep
62	3.0630	Female	Adult
63	3.2310	Female	Adult
64 - 99	3.3290	Female	Adult
00	0.5920	Male	Adult
01	0.5920	Male	Adult
02	0.5920	Male	Adult
03 - 13	0.5920	Male	Adult
14	0.5920	Male	Adult
15	0.5920	Male	Adult
16	0.5620	Male	Adult
17	0.5620	Male	Adult
18	0.5620	Male	Adult
19	0.5620	Male	Adult
20	0.5620	Male	Adult
21	0.5620	Male	Adult
22	0.5620	Male	Adult
23	0.5620	Male	Adult
24	0.5620	Male	Adult
25	0.5620	Male	Adult
26	0.5680	Male	Adult
27	0.5780	Male	Adult
28	0.5920	Male	Adult
29	0.6040	Male	Adult
30	0.6140	Male	Adult
31	0.6390	Male	Adult
32	0.6700	Male	Adult
33	0.6980	Male	Adult
34	0.7250	Male	Adult
35	0.7570	Male	Adult
36	0.7850	Male	Adult
37	0.8110	Male	Adult
38	0.8440	Male	Adult
39	0.8810	Male	Adult
40	0.9270	Male	Adult
41	0.9850	Male	Adult
42	1.0400	Male	Adult
43	1.1000	Male	Adult
44	1.1700	Male	Adult
45	1.2440	Male	Adult
46	1.3220	Male	Adult
47	1.3970	Male	Adult
48	1.4720	Male	Adult
49	1.5440	Male	Adult
50	1.6340	Male	Adult
51	1.7390	Male	Adult
52	1.8590	Male	Adult
53	1.9790	Male	Adult
54	2.1040	Male	Adult
55	2.2940	Male	Adult
56	2.4780	Male	Adult
57	2.6470	Male	Adult
58	2.8260	Male	Adult

Attained Age	Factor	Gender	Adult/Dep
59	3.0130	Male	Adult
60	3.2080	Male	Adult
61	3.3850	Male	Adult
62	3.5420	Male	Adult
63	3.6880	Male	Adult
64 - 99	3.8170	Male	Adult
00	0.4980	Female	Dep Child
01	0.4980	Female	Dep Child
02	0.4570	Female	Dep Child
03 - 13	0.4150	Female	Dep Child
14	0.4360	Female	Dep Child
15	0.4570	Female	Dep Child
16	0.4610	Female	Dep Child
17	0.4650	Female	Dep Child
18	0.4770	Female	Dep Child
19	0.4980	Female	Dep Child
20	0.5190	Female	Dep Child
21	0.5190	Female	Dep Child
22	0.5190	Female	Dep Child
23	0.5190	Female	Dep Child
24	0.5190	Female	Dep Child
25	0.5190	Female	Dep Child
26	0.5190	Female	Dep Child
27	0.5190	Female	Dep Child
28	0.5190	Female	Dep Child
29	0.5190	Female	Dep Child
30	0.5190	Female	Dep Child
31	0.5190	Female	Dep Child
32	0.5190	Female	Dep Child
33	0.5190	Female	Dep Child
34	0.5190	Female	Dep Child
35	0.5190	Female	Dep Child
36	0.5190	Female	Dep Child
37	0.5190	Female	Dep Child
38	0.5190	Female	Dep Child
39	0.5190	Female	Dep Child
40	0.5190	Female	Dep Child
41	0.5190	Female	Dep Child
42	0.5190	Female	Dep Child
43	0.5190	Female	Dep Child
44	0.5190	Female	Dep Child
45	0.5190	Female	Dep Child
46	0.5190	Female	Dep Child
47	0.5190	Female	Dep Child
48	0.5190	Female	Dep Child
49	0.5190	Female	Dep Child
50	0.5190	Female	Dep Child
51	0.5190	Female	Dep Child
52	0.5190	Female	Dep Child
53	0.5190	Female	Dep Child
54	0.5190	Female	Dep Child
55	0.5190	Female	Dep Child

Attained Age	Factor	Gender	Adult/Dep
56	0.5190	Female	Dep Child
57	0.5190	Female	Dep Child
58	0.5190	Female	Dep Child
59	0.5190	Female	Dep Child
60	0.5190	Female	Dep Child
61	0.5190	Female	Dep Child
62	0.5190	Female	Dep Child
63	0.5190	Female	Dep Child
64 - 99	0.5190	Female	Dep Child
00	0.4980	Male	Dep Child
01	0.4980	Male	Dep Child
02	0.4570	Male	Dep Child
03 - 13	0.4150	Male	Dep Child
14	0.4360	Male	Dep Child
15	0.4570	Male	Dep Child
16	0.4610	Male	Dep Child
17	0.4650	Male	Dep Child
18	0.4770	Male	Dep Child
19	0.4980	Male	Dep Child
20	0.5190	Male	Dep Child
21	0.5190	Male	Dep Child
22	0.5190	Male	Dep Child
23	0.5190	Male	Dep Child
24	0.5190	Male	Dep Child
25	0.5190	Male	Dep Child
26	0.5190	Male	Dep Child
27	0.5190	Male	Dep Child
28	0.5190	Male	Dep Child
29	0.5190	Male	Dep Child
30	0.5190	Male	Dep Child
31	0.5190	Male	Dep Child
32	0.5190	Male	Dep Child
33	0.5190	Male	Dep Child
34	0.5190	Male	Dep Child
35	0.5190	Male	Dep Child
36	0.5190	Male	Dep Child
37	0.5190	Male	Dep Child
38	0.5190	Male	Dep Child
39	0.5190	Male	Dep Child
40	0.5190	Male	Dep Child
41	0.5190	Male	Dep Child
42	0.5190	Male	Dep Child
43	0.5190	Male	Dep Child
44	0.5190	Male	Dep Child
45	0.5190	Male	Dep Child
46	0.5190	Male	Dep Child
47	0.5190	Male	Dep Child
48	0.5190	Male	Dep Child
49	0.5190	Male	Dep Child
50	0.5190	Male	Dep Child
51	0.5190	Male	Dep Child
52	0.5190	Male	Dep Child

Attained Age	Factor	Gender	Adult/Dep
53	0.5190	Male	Dep Child
54	0.5190	Male	Dep Child
55	0.5190	Male	Dep Child
56	0.5190	Male	Dep Child
57	0.5190	Male	Dep Child
58	0.5190	Male	Dep Child
59	0.5190	Male	Dep Child
60	0.5190	Male	Dep Child
61	0.5190	Male	Dep Child
62	0.5190	Male	Dep Child
63	0.5190	Male	Dep Child
64 - 99	0.5190	Male	Dep Child

Area	ID	Factor
71600 - 71699	I	0.907
71700 - 71799	I	0.907
71800 - 71899	I	0.907
71900 - 71999	K	1.000
72000 - 72099	I	0.907
72100 - 72199	I	0.907
72200 - 72299	I	0.907
72300 - 72399	J	0.952
72400 - 72499	J	0.952
72500 - 72599	K	1.000
72600 - 72699	G	0.823
72700 - 72799	G	0.823
72800 - 72899	J	0.952
72900 - 72999	G	0.823
All - Others	K	1.000

Expected PPO Network Fee is approximately \$2-\$20. This is a mandatory monthly fee per policy/certificate.

The default network will have a factor of 1.0 and other alternative networks will have a factor between 0.75 and 1.25 depending on their discount and penetration compared to the default network.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Supporting Documents	Approved-Closed	06/28/2010
Comments:		
Attachments:		
MW-26026 PPO AR Experience.pdf		
MW-26026 PPO Nationwide Experience.pdf		
MW-26026 PPO-IP AR (AR) Rate History.pdf		
MW-26026 PPO-IP AR (AR) Certificate of Compliance.pdf		
MW-26026 PPO-IP AR (AR) Cover Letter.pdf		

MidWest National Life Insurance Company of Tennessee

Arkansas Experience

Catastrophic Expense Preferred Provider Organization (PPO) MW-26026 PPO

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2007	1,491,040	1,010,852	67.8%
2008	1,765,123	4,609,877	261.2%
2009	1,323,856	374,953	28.3%
2010 YTD	175,165	68,125	38.9%
Total	4,755,184	6,063,807	127.5%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	1,425,801	587,112	41.2%
Projection Period**	947,778	328,503	34.7%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	1,425,801	587,112	41.2%
Projection Period**	846,056	328,503	38.8%

* Experience Period: October 1, 2008 through September 30, 2009

** Projection includes the effect of prior increases and a trend factor of 12%.

Projection period: June 1, 2010 through May 31, 2011

**The MEGA Life and Health Insurance Company and MidWest
National Life Insurance Company of Tennessee**
Nationwide Experience

Catastrophic Expense Preferred Provider Organization (PPO) 26026 PPO and State Variants

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
2007	86,152,289	61,618,860	71.5%
2008	109,466,723	78,050,812	71.3%
2009	78,818,331	56,130,124	71.2%
2010 YTD	9,879,877	6,292,152	63.7%
Total	284,317,220	202,091,948	71.1%

With Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	86,992,169	58,896,445	67.7%
Projection Period**	48,578,139	30,227,079	62.2%

Without Proposed Rate Increase

Experience Period	Earned Premium	Incurred Claims	Loss Ratio
Experience Period*	86,992,169	58,896,445	67.7%
Projection Period**	44,908,148	30,227,079	67.3%

* Experience Period: October 1, 2008 through September 30, 2009

** Projection includes the effect of prior increases and a trend factor of 12%.

Projection period: June 1, 2010 through May 31, 2011

ARKANSAS RATE HISTORY

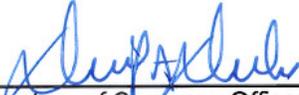
Catastrophic Expense Preferred Provider Organization (PPO)
MW-26026 PPO-IP AR

Care One	
Effective Date	Rate Increase/Decrease
7/1/2008	23.19%
5/1/2009	12.00%

Certification of Compliance with
Arkansas Rule and Regulation 19

Insurer: NAIC # 264-66087
Form Number(s): MW-26026 PPO-IP AR

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



Signature of Company Officer

Derrick Duke

Name

6/3/2010

Date



**Mid-West National
Life Insurance
Company of Tennessee**
Home Office: Oklahoma City, OK

9151 Boulevard 26
N Richland Hills, TX 76180
www.midwestlife.com
Phone: 800.729.2302
Fax: 817.255.8274

3/26/2010

Ms. Rosalind Minor
Arkansas Insurance Department
1200 West Third Street
Little Rock AR 72201-1904

**RE: Mid-West National Life Insurance Company of Tennessee
Individual Rate Filing for:
Catastrophic Expense Preferred Provider Organization (PPO)
MW-26026 PPO-IP AR
Company NAIC # 264-66087
Company FEIN # 62-0724538**

Dear Ms. Minor,

The above referenced product requires a rate change. Enclosed please find an actuarial memorandum and exhibits in support of the modification. This rate filing is being made in the state of AR. Our state of domicile is Texas and does not require rate changes to be filed.

We appreciate your review of our rate filing. If you have any questions, please contact me at the following number or email address.

Sincerely,

A handwritten signature in cursive script that reads "Sommay Khounlo".

Sommay Khounlo
Actuarial Analyst
Phone: (800) 729-2302 x3372
Fax: (817)225-8274
Email: NRHAct-Comp@HealthMarkets.com

Enclosures