

SERFF Tracking Number: NALH-126639470 State: Arkansas  
Filing Company: Midland National Life Insurance Company State Tracking Number: 45878  
Company Tracking Number: FORM 81-37 (4-10)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 81-37 (4-10)  
Project Name/Number: 81-37 (4-10)/81-37 (4-10)

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: 81-37 (4-10)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALH-126639470 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45878

Co Tr Num: FORM 81-37 (4-10)

Author: Sherry M. Olson

Date Submitted: 06/04/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/15/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: 81-37 (4-10)

Project Number: 81-37 (4-10)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/15/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/21/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/15/2010

Created By: Sherry M. Olson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sherry M. Olson

Filing Description:

RE: Midland National Life Insurance Company

NAIC #66044 FEIN # 46-0164570

Guaranteed Issue Application for Life Insurance Form 81-37 (4-10)

We are filing the referenced form for your review and approval. This form is laser printed and we reserve the right to change fonts and layouts. We certify that the font size will never be less than the minimum 10-point required by your state.

This form will be used to apply for Midland's approved individual life insurance policies available in the bank- or

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corporate-owned life insurance market. It will be used to apply for guaranteed issue products approved in your state currently and in the future. This form replaces Form 81-37 (4-05) which was approved by your department on 5/13/2005. In addition to minor language changes throughout the form, the primary differences are:

•We made the following changes to page 1:

oAdded question 3a, for designating a secondary addressee.

oAdded question 7, for changes to an existing policy.

oAdded question 8c, for additional benefits.

oAdded a Taxpayer Identification Number Certification.

•We removed the Agent's Report.

•We made the following changes to page 2:

oWe removed the column for Age Nearest Birthday.

oWe added instructional text to the Date of Hire or Appointment, Date of Birth, Title and Salary columns.

oWe added a section for Details and added references to questions 1, 2 and 4 to refer to items disclosed in the Details section.

Please note that this form is used exclusively in the employer-owned life insurance market and is exempt from your state's replacement regulation under the exemption for new coverage provided under a life insurance policy or contract where the cost is borne wholly by the insured's employer or by an association of which the insured is a member.

This form was approved by Midland's domicile state of Iowa on May 21, 2010.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 6223 or at [solson@sfgmembers.com](mailto:solson@sfgmembers.com).

Sincerely,

Sherry Olson  
Senior Contract Analyst  
Corporate Markets Center  
Midland National Life Insurance Company &  
North American Company for Life & Health

## Company and Contact

### Filing Contact Information

Sherry Olson, Senior Contract Analyst      [solson@mnlife.com](mailto:solson@mnlife.com)  
2000 44th St. South, Suite 300      701-433-6223 [Phone]  
Fargo, ND 58103      701-433-8223 [FAX]

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**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	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$20.00	06/04/2010	37014247
Midland National Life Insurance Company	\$30.00	06/15/2010	37217745

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/15/2010	06/15/2010

### 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	06/15/2010	06/15/2010	Sherry M. Olson	06/15/2010	06/15/2010

*SERFF Tracking Number:* NALH-126639470      *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Guaranteed Issue Application for Life Insurance		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/15/2010  
Submitted Date 06/15/2010  
Respond By Date 07/15/2010

Dear Sherry Olson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

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 06/15/2010  
Submitted Date 06/15/2010

Dear Linda Bird,

### Comments:

This is in response to your 6/15/10 objection letter.

### Response 1

Comments: We added an additional \$30.00 filing fee.

### Related Objection 1

#### Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$30.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need anything else, please let me know.

Sincerely,  
Sherry M. Olson

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 81-37 (4-10)	Application/ Enrollment Form	Guaranteed Issue Application for Life Insurance	Initial		50.300	Form 81-37 _4-10_.pdf

1. Owner Name (If Trust, Name and Date of Trust)		2. Tax ID No.
3. Owner Address (Street, City, State, Zip)		4. Billing Address (if different from Owner address)
3a. Secondary Addressee (Name, State, City, Zip)		
5. Beneficiary		
6a. Will this insurance replace or change any existing life insurance or annuity? <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," give name of company.)		
6b. Does the Owner have any existing life insurance or annuity contracts? <input type="checkbox"/> No <input type="checkbox"/> Yes		
7. Changes to an existing policy <input type="checkbox"/> No <input type="checkbox"/> Yes; if Yes, <input type="checkbox"/> Change in plan <input type="checkbox"/> Other _____		
8a. Plan applied for (Name of Product)	8b. Sub-account (If Applicable)	8c. Additional Benefits
8d. Death Benefit Option <input type="checkbox"/> 1 Level <input type="checkbox"/> 2 Increasing <input type="checkbox"/> See Census <input type="checkbox"/> Other		8e. Premium Mode <input type="checkbox"/> Single <input type="checkbox"/> Annual <input type="checkbox"/> Other

**Agreement**

Each person who signs below acknowledges and agrees that this application is made to Midland National Life Insurance Company ("the Company") for individual policies of life insurance on the lives of individuals specified on the Census, and that all statements made in the application are true, complete and correctly recorded. The application includes this part and its attached Census and any amendments or endorsements.

The Company will have no liability unless: (a) the application is approved; (b) the first full premium is paid; and (c) the policy is issued and the Owner accepts it. This must be during the lifetime of any person proposed for insurance; also, his or her eligibility must remain as described in the application. If these conditions are met, insurance will be in effect on the policy effective date. By accepting the policy, the Owner consents to any changes the Company has made under "Home Office Endorsements," except that changes in the insurance amount, the risk class, or the insurance plan will be made only with the Owner's written consent. Each person who signs below acknowledges that he or she has read and understands this application.

Insurance products 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, and involve investment risk, including possible loss of value. The approval or disapproval of any extension of credit by the bank or an affiliate is not based on whether or not this insurance is purchased through the bank or through any particular source.

**TAXPAYER IDENTIFICATION NUMBER CERTIFICATION** – Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

**FRAUD STATEMENT** – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements is/may be guilty of insurance fraud and may be subject to fines and penalties.

Signed at \_\_\_\_\_  
City State

Home Office Endorsements

\_\_\_\_\_  
Signature of Owner Title Date

**Agent certification**

(1) To the best of my knowledge and belief, the answers given to the questions in this application are full, complete, and true, and there is nothing adversely affecting the insurability of any person proposed for insurance, except as stated in this application; and (2) to the best of my knowledge and belief the insurance applied for  **does**  **does not** replace existing insurance.

\_\_\_\_\_  
Signature of Agent Date Agent's No.

Date of Hire or Appointment (mm/dd/yyyy)	Proposed Insured (Last, First, Middle)	Sex	Date of Birth (mm/dd/yyyy)	SSN#	Nicotine use in past 12 months*	Amount Applied For	Premium	Death Benefit Option	Title If Director, provide occupation	Salary If Director, provide fee compensation	U.S. Citizen (Y or N)
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\*In the past 12 months, has the proposed Insured smoked one or more cigarettes or used any other tobacco/nicotine products? Indicate Y or N.

I represent that, to the best of my knowledge and belief:

1. In the past 90 days each Proposed Insured has worked at least 30 hours per week for the sponsoring employer, at the usual place of business with the customary duties, except as disclosed in the Details section.
2. Each Proposed Insured while employed by the sponsoring employer has not missed more than five consecutive days of work due to illness or injury in the past 90 days, except as disclosed in the Details section.
- 3a. The sponsoring employer keeps employment records and can certify the accuracy of statements #1 and #2.
- 3b. The sponsoring employer agrees that these employment records will be made available to Midland National Life Insurance Company upon request either now or at any time in the future.
4. No other application for life insurance is pending or contemplated for any Proposed Insured by the sponsoring employer and owner with this or any other company, except as disclosed in the Details section.

Details:

I have reviewed the census information and statements #1 through #4 and agree this information is accurate.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

Rule & Regulation 19 certification attached.

Rule & Regulation 49 does not apply to application forms.

Flesch Certification attached.

Bulletin 15-2009 replaces Bulletin 11-88 and does not apply to application forms.

**Attachments:**

81-37 4-10 readability.pdf

81-37 AR Cert.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Application

**Comments:**

Application form submitted for approval on Form Schedule

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Form 81-37 \_4-10\_ Stmt of Variability.pdf

## READABILITY CERTIFICATE

Name and Address of Insurer      Midland National Life Insurance Company  
Corporate Markets Center  
2000 44<sup>th</sup> Street South, Ste. 300 Fargo, ND 58103

I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<u>FORM NUMBER</u>	<u>DESCRIPTION</u>	<u>SCORE</u>
Form 81-37 (4-10)	Guaranteed Issue Application for Life Insurance	50.3

*Carmen R. Walter*

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Signature

Carmen Walter  
Typed Name

Assistant Vice President – Corporate Markets Product Development  
Title

May 20, 2010  
Date

TO: Arkansas Department of Insurance  
FROM: Midland National Life Insurance Company  
DATE: June 4, 2010  
RE: Form 81-37 (4-10)

Midland National Life Insurance Company certifies that the referenced forms comply with Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter  
Assistant Vice President – Corporate Markets Product Development  
Corporate Markets  
Midland National Life Insurance Company

Date: June 4, 2010

STATEMENT OF VARIABILITY - Application Form 81-37 (4-10)

The following is a list of bracketed items and the corresponding range of text and/or values.

<u>Bracketed Item</u>	<u>Explanation</u>
Company Principal Office location and Corporate Markets Center Office location and contact information	Have been bracketed to reserve the right to change or delete addresses and contact information without re-filing this application