

SERFF Tracking Number: NALH-127091350 State: Arkansas
 Filing Company: Midland National Life Insurance Company State Tracking Number: 48316
 Company Tracking Number: TR168 AND LS138A
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
 Adjustable Life
 Product Name: TR168 and LS138A
 Project Name/Number: TR168 and LS138A/TR168 and LS138A

Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: TR168 and LS138A SERFF Tr Num: NALH-127091350 State: Arkansas
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 48316
 Adjustable Life Closed
 Sub-TOI: L09I.101 External Indexed - Single Life Co Tr Num: TR168 AND LS138A State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Laurie Gruba, Gayle Lovorn Disposition Date: 03/30/2011
 Date Submitted: 03/23/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: TR168 and LS138A Status of Filing in Domicile: Authorized
 Project Number: TR168 and LS138A Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 03/30/2011
 State Status Changed: 03/30/2011
 Deemer Date: Created By: Gayle Lovorn
 Submitted By: Gayle Lovorn Corresponding Filing Tracking Number:
 Filing Description:
 TR168 Endorsement
 LS138A Schedule of Policy Benefits

We are filing the above referenced forms for your review and approval.
 No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

These forms will be laser printed and we reserve the right to change fonts and layouts. The minimum font size will

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never be less than 10 point type.

Form LS138A is a new form and is intended to replace Schedule of Policy Benefits form LS138 approved by your state on 05/28/2009 under state tracking number 42492. The difference between the current form and that being submitted is that the Maturity Date disclosure was revised to reflect any additional premium payments, such as 1035 exchanges, that are used to calculate the expiry date. Included in this filing is an updated Statement of Variability.

TR168 is a new form and is not intended to replace any other form. This form was designed to endorse the Premium Guarantee Accounts (PGA) language contained in previously approved policy forms. This endorsement clarifies the processing of the referenced premium payments received or applied in the Premium Guarantee Accounts.

The Premium Guarantee Accounts are used only for the purpose of determining whether the No Lapse Guarantee is in effect. The processing of these accounts do not affect the calculation of the actual Account Value, Net Cash Surrender Value or any other value.

Your review and approval of this filing, at your earliest convenience, would be appreciated. Please feel free to contact me if you have any questions regarding this filing.

Company and Contact

Filing Contact Information

Gayle Lovorn, Senior Contracts Analyst glovorn@nacolah.com
525 W. Van Buren 800-800-3656 [Phone] 87609 [Ext]
Chicago, IL 60607 312-648-7797 [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: \$100.00
Retaliatory? No

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Fee Explanation: \$50.00 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$100.00	03/23/2011	45894603

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/30/2011	03/30/2011

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Disposition

Disposition Date: 03/30/2011

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		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form	Endorsement		Yes
Form	Schedule of Policy Benefits		Yes

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Form Schedule

Lead Form Number: TR168 and LS138A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TR168	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy/Cont Endorsement ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.700	TR168 Endorsement.pdf
	LS138A	Schedule Pages	Schedule of Policy Benefits	Initial		0.000	LS138A SCHEDULE OF POLICY BENEFITS .pdf



A Stock Company

Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266 ♦ (515) 440-5500

Executive Office: One Sammons Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

www.mnlife.com

ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached and is effective as of the Policy Date. It is subject to all the provisions of the Policy, unless We state otherwise.

The following language is added to your Premium Guarantee Account(s) (PGA) provision contained in your Policy:

For purposes of this amendment, the PGA Cut-off Date is defined as the Monthly Anniversary that is 6 months after the Policy Date.

Any Premium that is received prior to the PGA Cut-Off Date will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Any Premium received after the PGA Cut-Off Date on a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on that Monthly Anniversary.

Any Premium received after the PGA Cut-Off Date and on a day that is not a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on the previous Monthly Anniversary.

Any Premium received prior to the first Policy Anniversary as a result of an exchange under Section 1035 of the Internal Revenue Code will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Nothing in this Endorsement shall be construed to amend or alter the Grace Period provision of the Policy.

A handwritten signature in black ink, appearing to read 'John C. Salvato', written in a cursive style.

President

A handwritten signature in black ink, appearing to read 'Melody J. Jensen', written in a cursive style.

Secretary

SCHEDULE OF POLICY BENEFITS

OWNER: [Mary Doe] **POLICY NUMBER:** [12345678910]
INSURED: [John Doe] **POLICY DATE:** [01/01/2011]
SEX: [Male] **ISSUE AGE:** [35]
MATURITY DATE: [01/01/2096]* **SPECIFIED AMOUNT:** \$[100,000]
PLANNED PERIODIC PREMIUM: \$[1,000.00 Annually] **PREMIUM CLASS:** [Non-Tobacco]

[Premium includes a \$1.00 per month Civil Service Allotment fee, for a total annual increase of \$12.00.]

EXCHANGE PERIOD TERMINATION DATE: [01/01/2052]

BENEFICIARY: As Specified In The Application Unless Changed As Provided In This Policy

DEATH BENEFIT OPTION: [Level]

5 YEAR NO LAPSE GUARANTEE PREMIUM: \$[43.50 Monthly]

GUARANTEED INTEREST RATE: 2.50% PER YEAR

CURRENT INTEREST RATE GUARANTEED FOR FIRST POLICY YEAR: [3.50]%

MAXIMUM POLICY LOAN INTEREST RATE: 6.00% Per Year Payable In Arrears

INITIAL POLICY YEAR FOR NET ZERO COST LOANS: [6th]

EXTENDED NO LAPSE GUARANTEE CHARGE: \$[0.1900] Per Month Per \$1000 To Policy Age 100. This Extended No Lapse Guarantee Charge applies only if there are no changes to Premium Class or Specified Amount. The maximum Extended No Lapse Guarantee Charge is \$1.875 Per Month Per \$1000.

POLICY EXPENSE CHARGE: \$[6.00] Per Month To Policy Age 100

PREMIUM LOAD: [20.00]% Of Premiums Received To Policy Age 100

MINIMUM UNSCHEDULED PREMIUM PAYMENT: \$25.00

MINIMUM SPECIFIED AMOUNT: \$25,000 **MINIMUM INCREASE AMOUNT:** \$25,000

MINIMUM WITHDRAWAL AMOUNT: \$500.00 **WITHDRAWAL PROCESSING FEE:** \$25.00

MAXIMUM WITHDRAWAL PERCENTAGE: 50% In First Policy Year; 90% Thereafter

COST OF INSURANCE DISCOUNT FACTOR: 1.0020598

BASIS OF VALUES: 2001 CSO, Sex Distinct, Smoker Distinct, Age Nearest Birthday Mortality Tables

* It is possible that coverage will lapse prior to the Maturity Date shown, if premiums paid are insufficient to continue coverage to such date. Based on the Planned Periodic Premium, additional initial premium of [\$2,000.00], Guaranteed Charges, and Guaranteed Interest Rates, coverage will expire on the Insured's Policy Age [120]. This statement is based on the guaranteed provisions of the Policy, including the Extended No Lapse Guarantee. This statement assumes that the Planned Periodic Premiums are paid at the beginning of each period using the specified Frequency for [65] years and that the additional initial premium is applied on the Policy Date. Continuation of coverage may be affected by Policy Loans, Withdrawals, or other changes You make to Your Policy, and by the amount, timing and frequency of premium payments.

SCHEDULE OF POLICY BENEFITS (CONTINUED)

TABLE OF SURRENDER CHARGES

<u>Policy Year</u>	<u>Surrender Charge Factor</u>	<u>Policy Year</u>	<u>Surrender Charge Factor</u>
1	[\$20.00	12	[\$12.80
2	19.60	13	12.00
3	19.20	14	10.80
4	18.80	15	9.60
5	18.40	16	8.40
6	17.60	17	7.20
7	16.80	18	5.60
8	16.00	19	4.00
9	15.20	20	2.00
10	14.40	21+	0.00]
11	13.60]		

CORRIDOR PERCENTAGE TABLE

<u>Policy Age</u>	<u>Corridor Percentage</u>	<u>Policy Age</u>	<u>Corridor Percentage</u>
0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75 – 90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%

SCHEDULE OF POLICY BENEFITS (CONTINUED)

**TABLE OF GUARANTEED COST OF INSURANCE RATES
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000**

<u>Policy</u> <u>Age</u>	MALE		FEMALE	
	<u>Non-Tobacco</u> <u>Classes</u>	<u>Tobacco</u> <u>Classes</u>	<u>Non-Tobacco</u> <u>Classes</u>	<u>Tobacco</u> <u>Classes</u>
0	0.08	N/A	0.04	N/A
1	0.05	N/A	0.03	N/A
2	0.03	N/A	0.02	N/A
3	0.02	N/A	0.02	N/A
4	0.02	N/A	0.02	N/A
5	0.02	N/A	0.02	N/A
6	0.02	N/A	0.02	N/A
7	0.02	N/A	0.02	N/A
8	0.02	N/A	0.02	N/A
9	0.02	N/A	0.02	N/A
10	0.02	N/A	0.02	N/A
11	0.02	N/A	0.02	N/A
12	0.03	N/A	0.02	N/A
13	0.03	N/A	0.03	N/A
14	0.04	N/A	0.03	N/A
15	0.05	0.05	0.03	0.03
16	0.06	0.07	0.03	0.03
17	0.07	0.08	0.03	0.04
18	0.08	0.09	0.04	0.04
19	0.08	0.10	0.04	0.05
20	0.08	0.11	0.04	0.05
21	0.08	0.11	0.04	0.05
22	0.08	0.12	0.04	0.05
23	0.08	0.12	0.04	0.06
24	0.08	0.13	0.04	0.06
25	0.08	0.14	0.04	0.06
26	0.09	0.14	0.04	0.07
27	0.09	0.15	0.05	0.07
28	0.09	0.15	0.05	0.08
29	0.09	0.15	0.05	0.08
30	0.09	0.15	0.05	0.09
31	0.08	0.15	0.06	0.09
32	0.08	0.15	0.06	0.10
33	0.09	0.16	0.06	0.11
34	0.09	0.16	0.07	0.12
35	0.09	0.17	0.07	0.13
36	0.10	0.18	0.08	0.14
37	0.10	0.19	0.09	0.15
38	0.11	0.20	0.09	0.16
39	0.11	0.21	0.09	0.17
40	0.12	0.23	0.10	0.18
41	0.13	0.25	0.11	0.19
42	0.14	0.28	0.11	0.20
43	0.16	0.31	0.12	0.22
44	0.18	0.34	0.13	0.24
45	0.19	0.38	0.14	0.26
46	0.21	0.42	0.16	0.29
47	0.23	0.46	0.17	0.32
48	0.24	0.48	0.19	0.36
49	0.26	0.50	0.21	0.40

SCHEDULE OF POLICY BENEFITS (CONTINUED)

**TABLE OF GUARANTEED COST OF INSURANCE RATES (continued)
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000**

<u>Policy</u> <u>Age</u>	MALE		FEMALE	
	<u>Non-Tobacco</u> <u>Classes</u>	<u>Tobacco</u> <u>Classes</u>	<u>Non-Tobacco</u> <u>Classes</u>	<u>Tobacco</u> <u>Classes</u>
50	0.28	0.54	0.23	0.45
51	0.30	0.58	0.26	0.50
52	0.33	0.64	0.29	0.56
53	0.36	0.71	0.32	0.62
54	0.41	0.79	0.35	0.69
55	0.46	0.88	0.39	0.76
56	0.51	0.98	0.43	0.84
57	0.57	1.08	0.48	0.92
58	0.62	1.16	0.52	0.99
59	0.68	1.26	0.57	1.08
60	0.75	1.37	0.62	1.17
61	0.83	1.51	0.67	1.27
62	0.93	1.68	0.73	1.37
63	1.05	1.86	0.79	1.48
64	1.17	2.06	0.85	1.59
65	1.30	2.25	0.93	1.71
66	1.43	2.43	1.00	1.84
67	1.56	2.61	1.09	1.99
68	1.70	2.80	1.19	2.15
69	1.85	2.99	1.30	2.32
70	2.03	3.21	1.41	2.52
71	2.23	3.46	1.55	2.74
72	2.50	3.80	1.70	2.99
73	2.78	4.15	1.86	3.26
74	3.07	4.50	2.05	3.55
75	3.40	4.90	2.25	3.85
76	3.75	5.34	2.47	4.17
77	4.17	5.85	2.71	4.53
78	4.65	6.43	2.98	4.90
79	5.22	7.11	3.28	5.32
80	5.84	7.83	3.61	5.76
81	6.55	8.65	4.06	6.39
82	7.30	9.49	4.56	7.08
83	8.11	10.37	5.07	7.76
84	9.02	11.34	5.64	8.49
85	10.04	12.50	6.28	9.24
86	11.19	13.78	6.87	9.87
87	12.47	15.18	7.76	10.87
88	13.85	16.67	8.70	11.88
89	15.33	18.25	9.71	12.91
90	16.91	19.88	10.66	13.75
91	18.42	21.38	11.14	13.93
92	20.02	22.93	12.09	14.68
93	21.73	24.57	13.53	15.91
94	23.59	26.30	15.37	17.50
95	25.57	28.26	17.70	19.97
96	27.43	30.02	19.97	22.28
97	29.46	31.92	22.37	24.66
98	31.67	33.97	22.79	24.78
99	34.10	36.18	24.20	25.97
100+	0.00	0.00	0.00	0.00

SCHEDULE OF POLICY BENEFITS (CONTINUED)

ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER

DESCRIPTION OF ADDITIONAL POLICY BENEFITS	YEARS PAYABLE/ EXPIRY DATE	BENEFIT UNITS OR AMOUNT	ANNUAL PREMIUM
[ACCIDENTAL DEATH BENEFIT]	[01/01/2046]	[\$50,000]	[\$42.00]
[ACCELERATED DEATH BENEFIT RIDER – TERMINAL ILLNESS]	[N/A]	[N/A]	[NONE]
[ACCELERATED DEATH BENEFIT RIDER – CHRONIC ILLNESS]	[N/A]	[N/A]	[NONE]
[CHILDRENS INSURANCE RIDER 3]	[01/01/2041]	[5.00 UNITS]	[\$30.00]
[FLEXIBLE DISABILITY RIDER 2]	[01/01/2036]	[\$200.00 MONTHLY]	[\$96.00]
[GUARANTEED INSURABILITY RIDER]	[01/01/2016]	[\$10,000]	[\$20.04]
[WAIVER OF CHARGES]	[01/01/2036]	[N/A]	[\$13.56]

INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT OR, IF HE OR SHE IS NOT AVAILABLE, TO OUR EXECUTIVE OFFICE AT THE FOLLOWING ADDRESS:

MIDLAND NATIONAL LIFE INSURANCE COMPANY
ATTN: CLIENT COMMUNICATIONS
ONE SAMMONS PLAZA
SIOUX FALLS, SD 57193
TOLLFREE 1-800-923-3223

EXTENDED NO LAPSE GUARANTEE SCHEDULE OF AMOUNTS

The amounts shown in this schedule are used only in the calculation of the Premium Guarantee Accounts and do **NOT** affect the calculation of the Account Value, Cash Surrender Value or Policy Proceeds. The Premium Guarantee Accounts are used only for the purpose of determining whether the Extended No Lapse Guarantee is in effect.

ACCOUNT EXPENSE:

Policy Expense: [\$6.00] per month to Policy Age 100
Unit Expense Factor: [\$0.2050] per month to Policy Age 100

ACCOUNT PREMIUM LOAD *:

Policy Year [1]
Cumulative Premiums up to [\$591] = [30%]
Cumulative Premiums from [\$591] to [\$4,137] = [0%]
Cumulative Premiums above [\$4,137] = [18%]
Policy Years [2-10]
Cumulative Premiums up to [\$591] = [20%]
Cumulative Premiums from [\$591] to [\$4,137] = [0%]
Cumulative Premiums above [\$4,137] = [18%]
Policy Years [11+]
Cumulative Premiums up to [\$591] = [20%]
Cumulative Premiums from [\$591] to [\$4,137] = [0%]
Cumulative Premiums above [\$4,137] = [0%]

* The Cumulative Premium for the Account Premium Load is set to 0 at the beginning of each Policy Year.

ACCOUNT INTEREST RATE:

Table A	[4.75%] per year for Policy Years [1-50] [5.25%] per year for Policy Years [51+]
Table B	[4.75%] per year for Policy Years [1-50] [5.25%] per year for Policy Years [51+]

EXTENDED NO LAPSE GUARANTEE SCHEDULE OF AMOUNTS (CONTINUED)

**GUARANTEED MONTHLY ACCOUNT PREMIUM RATES
FOR CALCULATING PREMIUM GUARANTEE ACCOUNT**

Policy Year	Table A	Table B	Policy Year	Table A	Table B	Policy Year	Table A	Table B
[1	[0.0125	[0.0600	[36	[0.2550	[2.0200	[71	[0	[0
2	0.0125	0.0725	37	0.2800	2.2150	72	0	0
3	0.0125	0.0825	38	0.3125	2.4750	73	0	0
4	0.0125	0.0950	39	0.3475	2.7450	74	0	0
5	0.0150	0.1050	40	0.3850	3.0325	75	0	0
6	0.0150	0.1150	41	0.4250	3.3450	76	0	0
7	0.0175	0.1275	42	0.4675	3.6675	77	0	0
8	0.0175	0.1375	43	0.5175	4.0425	78	0	0
9	0.0200	0.1500	44	0.5775	4.4775	79	0	0
10	0.0225	0.1625	45	0.6450	4.9800	80	0	0
11	0.0250	0.1825	46	0.7200	5.5250	81	0	0
12	0.0275	0.2050	47	0.8050	6.1425	82	0	0
13	0.0300	0.2300	48	0.8925	6.7775	83	0	0
14	0.0300	0.2550	49	0.9875	7.4575	84	0	0
15	0.0325	0.2800	50	1.0600	8.2100	85	0	0
16	0.0350	0.3000	51	1.0600	9.0425	86	0	0
17	0.0375	0.3250	52	1.0600	9.9625	87	0	0
18	0.0425	0.3525	53	1.0600	10.9600	88	0	0
19	0.0450	0.3875	54	1.0600	12.0200	89	0	0
20	0.0525	0.4225	55	1.0600	13.1300	90	0	0
21	0.0575	0.4650	56	1.0600	14.2800	91	0	0
22	0.0650	0.5125	57	1.0600	15.3425	92	0	0
23	0.0725	0.5625	58	1.0600	16.4400	93	0	0
24	0.0775	0.6125	59	1.0600	17.5900	94	0	0
25	0.0850	0.6700	60	1.0600	18.7975	95	0	0
26	0.0950	0.7575	61	1.0600	20.0575	96	0	0
27	0.1050	0.8400	62	1.0600	21.3025	97	0	0
28	0.1175	0.9425	63	1.0600	22.6300	98	0	0
29	0.1325	1.0575	64	1.0600	24.0475	99	0	0
30	0.1475	1.1775	65	1.0600	25.5600	100+]	0]	0]
31	0.1650	1.3025	66	0	0			
32	0.1800	1.4300	67	0	0			
33	0.1975	1.5600	68	0	0			
34	0.2150	1.7000	69	0	0			
35]	0.2325]	1.8450]	70]	0]	0]			

EXTENDED NO LAPSE GUARANTEE SCHEDULE OF AMOUNTS (CONTINUED)

**TERM RIDER REQUIRED RIDER AMOUNTS
FOR CALCULATING PREMIUM GUARANTEE ACCOUNT**

RIDER INSURED: [JOHN DOE]

<u>Policy Year</u>	<u>Required Rider Amount</u>	<u>Policy Year</u>	<u>Required Rider Amount</u>	<u>Policy Year</u>	<u>Required Rider Amount</u>
[1	[0.0750	[36	[1.3750	[71	[0
2	0.0750	37	1.5425	72	0
3	0.0750	38	1.6850	73	0
4	0.0750	39	1.8775	74	0
5	0.0750	40	2.0925	75	0
6	0.0750	41	2.3225	76	0
7	0.0800	42	2.5675	77	0
8	0.0850	43	2.8250	78	0
9	0.0925	44	3.0925	79	0
10	0.1000	45	3.3775	80	0
11	0.1075	46	3.6875	81	0
12	0.1175	47	4.0350	82	0
13	0.1275	48	4.4250	83	0
14	0.1400	49	4.8675	84	0
15	0.1525	50	5.3500	85	0
16	0.1725	51	5.8625	86	0
17	0.1975	52	6.3950	87	0
18	0.2250	53	6.9425	88	0
19	0.2575	54	7.4950	89	0
20	0.2975	55	8.0600	90	0
21	0.3250	56	8.6425	91	0
22	0.3575	57	9.2550	92	0
23	0.3900	58	9.9175	93	0
24	0.4275	59	10.6575	94	0
25	0.4675	60	11.6000	95	0
26	0.5150	61	12.9425	96	0
27	0.5650	62	15.0800	97	0
28	0.6225	63	18.8275	98	0
29	0.6900	64	25.7900	99	0
30	0.7650	65	39.1850	100 +]	0]
31	0.8475	66	0.0000		
32	0.9350	67	0.0000		
33	1.0325	68	0.0000		
34	1.1350	69	0.0000		
35]]	1.2475]	70]	0.0000]		

SERFF Tracking Number: NALH-127091350 State: Arkansas
Filing Company: Midland National Life Insurance Company State Tracking Number: 48316
Company Tracking Number: TR168 AND LS138A
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
Adjustable Life
Product Name: TR168 and LS138A
Project Name/Number: TR168 and LS138A/TR168 and LS138A

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
AR L & H 1 cert.pdf		
TR168 READABILITY CERTIFICATE.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachment:		
Strmnt of Variability LS138A.pdf		

State of Arkansas

Certificate of Compliance

RE: Form TR168, LS138A

On behalf of Midland National Life Insurance Company, I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 34 for Universal Life Insurance.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.



Gayle Lovorn, Senior Contract Analyst

Date: March 21, 2011

READABILITY CERTIFICATE

I 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) meet your minimum readability requirements for the form(s) listed below:

<u>Form Number</u>	<u>Description</u>	<u>Score</u>
TR168	Endorsement	52.7



Date: March 21, 2011

Jeremy A. Bill, FSA, MAAA
2nd Vice President - Product Development
Midland Life Insurance Company and
North American Company for Life and Health Insurance

Statement of Variability - Policy Form Series L138 w/Schedule Pages LS138A

The following is a list of bracketed items and the corresponding range of text and/or values. Some of the items are bracketed for future flexibility.

The following criteria are used to determine the value of each bracketed item:

- Consumer demands and preferences
- The market conditions and the competitive environment.
- The economic environment and its impact on our investment portfolio.
- The Company's experience for lapses, mortality and expenses

Bracketed Item	Variable Text/Range
Owner	Varies with consumer
Policy Number	Varies with consumer
Insured	Varies with consumer
Policy Date	Varies with consumer
Sex	Male, Female
Issue Age	Varies with consumer
Maturity Date and accompanying variables	Varies with consumer
Specified Amount	Varies by consumer
Planned Periodic Premium	Amount varies by consumer; annually, semi-annual, quarterly, monthly
Premium Class	Preferred Plus, Preferred Non-Tobacco, Preferred Tobacco, Non-Tobacco, Tobacco. If a Policy is table rated, additional text applies: Rated Tobacco, Rated Non-Tobacco The monthly cost of insurance is increased by xx%. The annual cost of insurance is increased by \$x.xx per thousand of Specified Amount until xx/xx/xxxx. If the Policy has a flat extra rating, additional text applies: The annual cost of insurance is increased by \$x.xx per thousand of Specified Amount until xx/xx/xxxx The dollar range for the Flat extra is \$1.00-\$20.00 The table rating range is 25% - 400%
Civil Service Allotment	Premium includes a \$1.00 per month Civil Service Allotment fee, for a total annual increase of \$12.00. This sentence will print on the schedule if the insured chooses Civil Service Allotment as a premium mode.
Exchange Period Termination Date	Varies by consumer
Death Benefit Option	The consumer can choose one of two Death Benefit Options: Level or Increasing
5 Year No Lapse Guarantee Premium	Varies with consumer (varies by Issue Age, Sex, Premium Class, and Specified Amount)
Current Interest Rate Guaranteed For First Policy Year	The Current Interest Rate is determined by the Company and is bracketed for future flexibility. The Current Interest Rate cannot decrease below the Guaranteed Interest Rate. Range of Variability: 2.5% - 6.0%
Initial Policy Year for Net Zero Loans	Range of Variability: Policy Years 6-11

Bracketed Item	Variable Text/Range
Extended No Lapse Guarantee Charge	Range of Variability: \$0.0275 - \$1.875 per month (varies by Issue Age, Sex, Premium Class, and Specified Amount)
Policy Expense Charge	This charge is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: \$0 - \$6 per month
Premium Load	This load is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: 0% - 20%
SURRENDER CHARGE FACTOR	Range of Variability: \$0 - \$60 (Varies by Issue Age, Sex, Premium Class, and Policy Year)
Additional Policy Benefits Years Payable/Expiry Date; Benefit Units or Amount; Annual Premium	Guaranteed Insurability Rider; Flexible Disability Rider; Accidental Death Benefit; Accelerated Benefit Rider – Terminal Illness; Accelerated Benefit Rider – Chronic Illness; Children’s Insurance Rider; Waiver of Premium, Other Additional Policy Benefits, are bracketed because they are optional and/or specific underwriting criteria must be met for the insured. The expiry date, benefit units and annual premium would vary by insured. The use of Other is for any other previously approved riders that may be added to this Policy in the future.

This section pertains to the Extended No Lapse Guarantee Schedule of Premium Guarantee Amounts

Policy Expense	This charge is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: \$0 - \$6 per month
Unit Expense Factor	\$0.03 - \$5.00 per month (varies by Issue Age, Sex, Premium Class, and Specified Amount)
Account Premium Load	The Policy Year breaks for the Account Premium Load are the same for all consumers and are bracketed for future flexibility. The Cumulative Premium thresholds are bracketed for future flexibility and vary by Issue Age, Sex, Premium Class, and Specified Amount. The Account Premium Load percentages vary by Policy Year and Cumulative Premiums. The range of variability is 0% - 30%.
ACCOUNT INTEREST RATE: <u>Table A</u>	The Account Interest Rate for Table A is bracketed for future flexibility. The number of Policy Years each rate applies varies by Issue Age. 4.0% to 5.5% per year for Policy Years 1-10 to 1-90 4.0% to 5.5% per year for Policy Years 11+ to 91+
ACCOUNT INTEREST RATE: <u>Table B</u>	The Account Interest Rate for Table B is bracketed for future flexibility. The number of Policy Years each rate applies varies by Issue Age. 4.0% to 5.5% per year for Policy Years 1-10 to 1-90 4.0% to 5.5% per year for Policy Years 11+ to 91+
<u>Guarantee Monthly Account Premium Rates for Calculating Premium Guarantee Account</u> <u>Table A</u> <u>Table B</u>	Table A range 0.0025 – 15.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year) Table B range 0.03 – 35.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year)

Bracketed Item	Variable Text/Range
TERM RIDER REQUIRED RIDER AMOUNTS FOR CALCULATING PREMIUM GUARANTEE ACCOUNT Rider Insured Policy Year Required Rider Amount	Range of Variability: 0.05 - 50.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year of Rider)

SOV LS138A