

SERFF Tracking Number: MUTM-125835942 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40402
Company Tracking Number: GILBERT BURKET
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Individual Universal Life Insurance - C504LNA08R Rev 09/08
Project Name/Number: Individual Universal Life Insurance/C504LNA08R Rev 09/08

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Universal Life Insurance - C504LNA08R Rev 09/08
SERFF Tr Num: MUTM-125835942 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 40402
Adjustable Life

Sub-TOI: L09I.001 Single Life Co Tr Num: GILBERT BURKET State Status: Approved-Closed
Filing Type: Form Co Status: Filed Reviewer(s): Linda Bird

Authors: Kim Meyerring, Mary Disposition Date: 10/09/2008

Gregg, Gilbert Burket, Amy Peitz

Date Submitted: 09/30/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Universal Life Insurance

Project Number: C504LNA08R Rev 09/08

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/09/2008

State Status Changed: 10/09/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC #: 261-69868 FEIN 47-0322111

Individual Universal Life Insurance

Form Number: C504LNA08R Rev 09/08 (replacing C504LNA08R) Guaranteed Insurability Rider

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/12/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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Actuarial Memorandum

On behalf of United of Omaha Life Insurance Company, I am submitting the above-captioned form and actuarial memorandum in final format for review and approval. It is being filed for general use and is intended to be used with current and future Universal Life policies.

Form C504LNA08R Rev 09/08 is a revised version of Form C504LNA08R, which was approved by your Department on August 29, 2008. The only difference between the new form and the previously approved form is the attached "Table of Monthly Charges for each \$1,000 of Guaranteed Election Amount." No other changes have been made.

The Guaranteed Insurability Rider, Form C504LNA08R Rev 09/08, is an optional cost rider that will be available with fully underwritten policies. Persons age 18-45 are eligible to purchase this rider at the time of application. This rider will remain in effect until the anniversary date following the insured's 50th birthday. Rider C504LNA08R Rev 09/08 provides the policy owner the option to increase the specified amount of the policy. This option begins on the 3rd policy anniversary and continues every 3 years until the rider expires. An insured may also increase the specified amount if he/she experiences a life event listed in the rider. There are no restrictions on usage during the life of the rider, except that the maximum amount the policy can increase to is 200% of the original specified amount or \$1,000,000 (whichever is less). Only one specified amount increase per year is allowed.

This form will be made available in the general insurance market on business sold by independent brokers and our career agents.

The Flesch score of this form meets or exceeds your state's requirement.

Enclosed are the required filing materials. Please feel free to contact me if you should have any questions and/or concerns regarding this filing. Collect calls will be accepted. Thank you for your time and consideration of this submission.

Sincerely,

Gilbert Burket

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Product and Advertising Compliance Analyst

Regulatory Affairs

Phone: 402-351-3707

Fax: 402-351-5298

E-mail: Gilbert.Burket@mutualofomaha.com

Company and Contact

Filing Contact Information

Gilbert Burket, Product & Advertising Compliance Analyst
 4 - Regulatory Affairs Division
 Omaha, NE 68175
 gilbert.burket@mutualofomaha.com
 (402) 351-3707 [Phone]
 (402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company
 Mutual of Omaha Plaza
 Omaha, NE 68175
 (402) 351-6420 ext. [Phone]
 CoCode: 69868
 Group Code: 261
 Group Name:
 FEIN Number: 47-0322111
 State of Domicile: Nebraska
 Company Type: Life Insurance
 State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$20.00	09/30/2008	22830223

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/09/2008	10/09/2008

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Disposition

Disposition Date: 10/09/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	Fee Schedule Certification		Yes
Form	GUARANTEED INSURABILITY RIDER		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form C504LNA08R REV 09/08	Policy/Contract	GUARANTEED INSURABILITY RIDER Certificate: Amendmen t, Insert Page, Endorsement or Rider	Initial		51	C504LNA08R Rev 0908 (GIR).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

GUARANTEED INSURABILITY RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions that are not inconsistent with the provisions of this rider.

EFFECTIVE DATE

This effective date of this rider is the Issue Date.

DEFINITIONS

Capitalized terms used in this rider are used with the meanings assigned to them in the policy or this section of the rider.

Guaranteed Election Amount means the amount you may increase the Specified Amount each time you elect the option to increase the Specified Amount under this rider. The amount you elected as the "Guaranteed Election Amount" is shown in the Schedule of Benefits section of the Data Pages.

BENEFIT

Upon Written Request while this rider is in force, you may increase the Specified Amount by the Guaranteed Election Amount without submitting an application or evidence of insurability to us.

Certain Life Events

You may exercise this option for a period of 90 days following each or any of the following occurrences:

- (a) marriage of the Insured;
- (b) the birth of the Insured's child; and
- (c) the adoption by the Insured of a child.

Periodic Election

You may exercise this option for a period of 90 days following the third policy anniversary and every third policy anniversary thereafter. If you have not, for a period of five consecutive years, elected to increase the Specified Amount under any provision of the policy or this rider, this option ceases.

CONDITIONS TO EXERCISE OF THIS RIDER

You may increase the Specified Amount by the Guaranteed Election Amount each time you elect this option. You may exercise this option no more than once each Policy Year. If in any Policy Year you have increased the Specified Amount under the Change in Specified Amount section of the policy, you may not also elect to increase the Specified Amount under this rider. You may not exercise this option if the Specified Amount is, or will be upon exercise of the option, an amount equal to or greater than the lesser of:

- (a) \$1,000,000; or
- (b) two times the Specified Amount on the Issue Date.

A change in the Specified Amount will go into effect on the first Monthly Deduction Date following the date we receive your Written Request. We will send you an amendment to the policy showing the Specified Amount after the change.

A change in the Specified Amount may result in the loss of No-Lapse Protection. For more information, see the Effects of a Change Event section of the policy.

If the Insured dies following your exercise of this option, but prior to the effective date of a change in Specified Amount, the change in Specified Amount will not go into effect.

MONTHLY RIDER COST

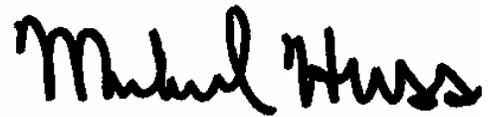
The Monthly Rider Cost is equal to the amount specified in the "Table of Monthly Charges for each \$1,000 of Guaranteed Election Amount" shown in this rider.

TERMINATION

This rider will terminate on the earliest of the following:

- (a) the date the Insured reaches Attained Age 50;
- (b) the date you are no longer able to exercise this option without exceeding the limitations on the Specified Amount contained in this rider;
- (c) the expiration date of this rider shown on the Data Pages;
- (d) the Monthly Deduction Date next following the date we receive your Written Request to terminate this rider;
- (e) the Maturity Date or the date the policy Lapses or is cancelled or surrendered; or
- (f) the date the Insured dies.

United of Omaha Life Insurance Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, flowing style.

Corporate Secretary

Table of Monthly Charges for each \$1,000 of Guaranteed Election Amount

Issue Age	Rate
18	0.0328
19	0.0336
20	0.0344
21	0.0352
22	0.0360
23	0.0368
24	0.0376
25	0.0384
26	0.0392
27	0.0400
28	0.0408
29	0.0416
30	0.0424
31	0.0432
32	0.0440
33	0.0448
34	0.0456
35	0.0464
36	0.0472
37	0.0480
38	0.0488
39	0.0496
40	0.0504
41	0.0512
42	0.0520
43	0.0528
44	0.0536
45	0.0544

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 09/29/2008

Comments:

Attachments:

AR Certif of Compliance with Rule 19.pdf

AR Read Cert.pdf

Review Status:

Satisfied -Name: Application 09/29/2008

Comments:

These forms are being filed to be used in conjunction with application form C497LNA08A which was approved by your department on July 10, 2008.

Review Status:

Bypassed -Name: Outline of Coverage 09/29/2008

Bypass Reason: N/A

Comments:

Review Status:

Satisfied -Name: Fee Schedule Certification 09/30/2008

Comments:

Attachment:

AR Fee Schedule Cert .pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): C504LNA08R Rev 09/08

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



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President and Chief Compliance Officer

Title

September 30, 2008

Date

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
C504LNA08R Rev 09/08	Guaranteed Insurability Rider	51.2

United of Omaha Life Insurance Company

Date: September 30, 2008



Daniel J. Kennelly
Vice President & Chief Compliance Officer

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Gil Burket

402-351-3707

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ X \$50 = \$ _____

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 1 X \$20 = \$20

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**