

SERFF Tracking Number: MUTM-125845936 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40476
Company Tracking Number: KENDRA SAYLER
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Term Life Insurance-C646LNA08A
Project Name/Number: 2008 Term Conversion Application/C646LNA08A

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Term Life Insurance- C646LNA08A SERFF Tr Num: MUTM-125845936 State: ArkansasLH

TOI: L04I Individual Life - Term

SERFF Status: Closed

State Tr Num: 40476

Sub-TOI: L04I.500 Other

Co Tr Num: KENDRA SAYLER

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Kim Meyerring, tracy emrich, Kendra Sayler

Disposition Date: 10/10/2008

Date Submitted: 10/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 Term Conversion Application

Status of Filing in Domicile: Authorized

Project Number: C646LNA08A

Date Approved in Domicile: 10/03/2008

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: 10/10/2008

State Status Changed: 10/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

C646LNA08A Term Life Insurance Conversion Application

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned form in final printed format for review and approval. This form contains no unusual or controversial items according to normal company and

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industry standards. To the best of my knowledge, it complies with all your applicable statutes.

Application C646LNA08A is new and being filed to replace application form 4366L-0192, which was approved by your Department on September 25, 1997.

Application C646LNA08A will be used to convert term life insurance to permanent life insurance. The new policy may be a form of permanent insurance, designated by us, which we are issuing at that time.

The Flesch score of this form meets or exceeds your state's requirements, when scored with our current permanent life insurance policy.

Enclosed are the required filing materials. Thank you for your consideration of this submission. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Kendra Sayler
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-2454
Fax: 402-351-5298
E-mail: Kendra.Sayler@mutualofomaha.com

Company and Contact

Filing Contact Information

Kendra Sayler, Product & Advertising Compliance Analyst
Regulatory Affairs Division
Omaha, NE 68175
kendra.sayler@mutualofomaha.com
(402) 351-2454 [Phone]
(402) 351-5298[FAX]

Filing Company Information

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

SERFF Tracking Number: MUTM-125845936 State: Arkansas
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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	10/06/2008	22962051

SERFF Tracking Number: MUTM-125845936 State: Arkansas
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Company Tracking Number: KENDRA SAYLER
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: Term Life Insurance-C646LNA08A
Project Name/Number: 2008 Term Conversion Application/C646LNA08A

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *MUTM-125845936* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *40476*
Company Tracking Number: *KENDRA SAYLER*
TOI: *L04I Individual Life - Term* *Sub-TOI:* *L04I.500 Other*
Product Name: *Term Life Insurance-C646LNA08A*
Project Name/Number: *2008 Term Conversion Application/C646LNA08A*

Disposition

Disposition Date: 10/10/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125845936 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40476
 Company Tracking Number: KENDRA SAYLER
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: Term Life Insurance-C646LNA08A
 Project Name/Number: 2008 Term Conversion Application/C646LNA08A

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Term Life Insurance Conversion Application		Yes

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Form Schedule

Lead Form Number: C646LNA08A

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C646LNA08A	Application/Enrollment Form	Term Life Insurance Conversion Application	Initial		50	Application - C646LNA08A.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175



PART I. LIFE INSURANCE INFORMATION

1. PROPOSED INSURED'S NAME

First Name _____ Initial _____ Last Name _____

2. SOCIAL SECURITY NUMBER _____ - _____ - _____ MALE AGE _____ DATE OF BIRTH ____/____/____
 FEMALE mo day yr

3. OWNER'S ADDRESS (Number, Street, City, State, ZIP)

Street _____ City _____ State _____ ZIP _____

4. HOME PHONE NUMBER () _____ - _____

5. PLAN OF INSURANCE _____

6. PREMIUM AND BILLING INFORMATION: Annual Semiannual Quarterly Monthly Bank Service Plan
\$ _____ paid with this application PLANNED MODAL PREMIUM (UNIVERSAL LIFE) \$ _____

7. RIDERS — Only allowed if on the Term Policy(ies) to be converted:
 Accidental Death Benefit Children's Rider

8. FACE AMOUNT APPLIED FOR
\$ _____

9. BENEFICIARY (Give full name(s) and relationship to Proposed Insured.)

Primary _____ Relationship _____

Contingent _____ Relationship _____

Payment will be shared equally by all primary beneficiaries who survive the Insured; if none, by all contingent beneficiaries who survive. The right to change the beneficiary is reserved.

10. The insurance applied for will be a Term conversion from policy number(s) _____
If any face amount is to remain in force on a Term policy to be converted, specify the amount to remain in force for each policy number(s) \$ _____

PART II. LIFE AGREEMENTS SECTION

I AGREE THAT:

- All answers in this application: (a) are true to the best of my knowledge and belief and (b) will be relied on to determine insurability.
- If mode of payment is Bank Service Plan, by signing this Life Insurance application, I/We authorize premiums due to be automatically paid to United of Omaha, by electronic fund transfer. I/We understand and agree that these authorized withdrawals for premium payments will continue until this authorization is cancelled in writing.
- Coverage under any policy issued from this application will be effective on the later of (i) the date of underwriter approval, or (ii) the date the first premium is paid or authorized to be paid by electronic funds transfer. Coverage under the Term policy(ies) to be converted will end when coverage begins under any policy issued from this application. In no event will benefits be paid under the same loss under both the Term policy(ies) to be converted and any policy issued from this application.
- No agent can: (a) waive or change any receipt or policy provision or (b) agree to issue a policy.
- If the applicant is other than the Proposed Insured, the policy will be owned by the applicant.
- Nontobacco class only available if the Term policy(ies) to be converted was Nontobacco.
- Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

I have: (a) read the above agreements; and (b) read and approved the answers as recorded.

Signed at: _____ City _____ State _____ Date _____ mo day yr

Signature of Proposed Insured

Signature of Applicant/Owner (if other than Proposed Insured)

Print Name of Applicant/Owner (if other than Proposed Insured)

Producer Statement

The policy applied for will replace existing insurance and all state requirements have been fulfilled.

Producer Signature

Print Producer Name

Production Number

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Product Name: *Term Life Insurance-C646LNA08A*
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Rate Information

Rate data does NOT apply to filing.

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Project Name/Number: 2008 Term Conversion Application/C646LNA08A

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/06/2008

Comments:

Attachments:

AR Certif of Compliance with Rule 19.pdf

AR Read Cert.pdf

AR Fee Schedule Cert .pdf

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer:

Form Number(s):

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



Signature of Company Officer

Name

Title

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>
-------------	--------------------	--------------

* When scored with our currently marketed Whole Life policy

Date: _____



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:

Company NAIC Code:

Company Contact Person & Phone:

<p><u>INSURANCE DEPARTMENT USE ONLY:</u></p> <p>ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____</p>
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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.

* _____ X \$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.**