

SERFF Tracking Number: MUTM-125835961 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40484
Company Tracking Number: ROBYN GONZALES
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Med Supp Info Filing - UA5910-03 - Electronic Signatures
Project Name/Number: Med Supp Info Filing - UA5910-03 - Electronic Signatures/Med Supp Info Filing - UA5910-03 - Electronic Signatures

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Med Supp Info Filing - UA5910- SERFF Tr Num: MUTM-125835961 State: ArkansasLH
03 - Electronic Signatures

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed State Tr Num: 40484
Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: ROBYN GONZALES State Status: Filed-Closed
Other

Filing Type: Form Co Status: Reviewer(s): Stephanie Fowler
Authors: Kurt Vangreen, Ellen Disposition Date: 11/07/2008
Cochrane, Robyn Gonzales
Date Submitted: 10/08/2008 Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Med Supp Info Filing - UA5910-03 - Electronic Signatures

Status of Filing in Domicile:

Project Number: Med Supp Info Filing - UA5910-03 - Electronic Signatures

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 11/07/2008

State Status Changed: 11/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see Informational Cover Letter under the Supporting Documentation tab.

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Company and Contact

Filing Contact Information

Robyn Gonzales, Product & Advertising robyn.gonzales@mutualofomaha.com
 Compliance Analyst
 4 - Regulatory Affairs (402) 351-6748 [Phone]
 Omaha, NE 68175 (402) 351-5298[FAX]

Filing Company Information

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

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$0.00	10/08/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/07/2008	11/07/2008

SERFF Tracking Number: *MUTM-125835961* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *40484*
Company Tracking Number: *ROBYN GONZALES*
TOI: *MS06 Medicare Supplement - Other* *Sub-TOI:* *MS06.000 Medicare Supplement - Other*
Product Name: *Med Supp Info Filing - UA5910-03 - Electronic Signatures*
Project Name/Number: *Med Supp Info Filing - UA5910-03 - Electronic Signatures/Med Supp Info Filing - UA5910-03 - Electronic Signatures*

Disposition

Disposition Date: 11/07/2008

Implementation Date:

Status: Filed

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		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Informational Cover Letter	Filed	Yes

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Rate Information

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Supporting Document Schedules

Review Status:

Bypassed -Name: Certification/Notice 11/07/2008
Bypass Reason: Not required for this type of filing.
Comments:

Review Status:

Bypassed -Name: Application 11/07/2008
Bypass Reason: Not required for this type of filing.
Comments:

Review Status:

Bypassed -Name: Health - Actuarial Justification 09/29/2008
Bypass Reason: Not required for this type of filing.
Comments:

Review Status:

Bypassed -Name: Outline of Coverage 11/07/2008
Bypass Reason: Not required for this type of filing.
Comments:

Review Status:

Satisfied -Name: Informational Cover Letter Filed 11/07/2008
Comments:
Attachment:
 GM Extend Health Med Supp.pdf

UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600



October 8, 2008

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: United of Omaha Insurance Company
NAIC # 261-69868 FEIN # 47-0322111
Individual Medicare Supplement
Application Form UA5910-03
Informational Filing

We are writing to inform you of our intention to use a previously approved Medicare supplement application for use with electronic and voice signature capabilities. The language contained in the application will remain unchanged, in the form in which it was originally approved.

Application UA5910-03 was deemed approved by your Department on April 25, 2008. This application was approved and intended for use by our customers when applying for Medicare supplement coverage. This application was developed for solicitation through our agent/broker distribution. We would now like to extend usage of this previously approved application for both electronic and voice signature capabilities to better accommodate our customers' needs.

Your acknowledgment of this informational submission will be most appreciated. If you have any further questions, please feel free to call me collect at the number listed below.

Sincerely,



Robyn Gonzales
Product and Advertising Compliance Analyst
Regulatory Affairs

Phone: 402-351-6748
Fax: 402-351-5298
E-mail: Robyn.Gonzales@mutualofomaha.com