

SERFF Tracking Number: MUTM-125884528 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40782
Company Tracking Number: BRANDI LASHLEY
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: STOLI Annuity Application Supplement - C734LNA08A
Project Name/Number: STOLI Annuity Application Supplement/C734LNA08A

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: STOLI Annuity Application Supplement - C734LNA08A SERFF Tr Num: MUTM-125884528 State: ArkansasLH

TOI: A10 Annuities - Other

SERFF Status: Closed

State Tr Num: 40782

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: BRANDI LASHLEY

State Status: Approved-Closed

Filing Type: Form

Co Status: Filed

Reviewer(s): Linda Bird

Authors: Brandi Lashley, Kim

Disposition Date: 11/06/2008

Meyerring, Mary Gregg

Date Submitted: 11/05/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: STOLI Annuity Application Supplement

Status of Filing in Domicile: Pending

Project Number: C734LNA08A

Date Approved in Domicile:

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: 11/06/2008

State Status Changed: 11/06/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

STOLI Annuity Application Supplement

Form C734LNA08A - Insurable Interest and STOLI Certification

On behalf of United of Omaha Life Insurance Company, I am submitting the above-captioned form in final format for

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review and approval. It contains no unusual or controversial items according to normal company and industry standards.

Form C734LNA08A is new and will not be used to replace any previously filed form. We request approval of this form for use on a general basis with any of our Single Premium Immediate Annuity applications.

Form C734LNA08A has been created to prevent stranger originated life insurance ("STOLI") transactions. Initially, this form will be used to supplement all applications where the proposed annuitant is age 65 or older with a premium amount of \$1 million or higher. These fields are being submitted as variable to reflect changes in STOLI practices and are denoted by brackets on the accompanying filed form.

Please accept our assurances that the Flesch score of the application when combined with the application and annuity contract meets the minimum score of 40.

Enclosed are the required filing materials. Thank you for your consideration of this submission.

Sincerely,

Brandi L. Lashley, ACS, AIRC
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-4005
Fax: 402-351-5298
E-mail: brandi.lashley@mutualofomaha.com

Company and Contact

Filing Contact Information

Brandi Lashley, Product & Advertising Compliance Analyst Regulatory Affairs Omaha, NE 68175	brandi.lashley@mutualofomaha.com (402) 351-4005 [Phone] (402) 351-5298[FAX]
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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

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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	11/05/2008	23714178

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/06/2008	11/06/2008

SERFF Tracking Number: *MUTM-125884528* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *40782*
Company Tracking Number: *BRANDI LASHLEY*
TOI: *A10 Annuities - Other* *Sub-TOI:* *A10.000 Annuities - Other*
Product Name: *STOLI Annuity Application Supplement - C734LNA08A*
Project Name/Number: *STOLI Annuity Application Supplement/C734LNA08A*

Disposition

Disposition Date: 11/06/2008

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR Fee Schedule Certificate		Yes
Form	INSURABLE INTEREST AND STOLI CERTIFICATION		Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	C734LNA08A	Application/INSURABLE Enrollment INTEREST AND Form STOLI CERTIFICATION	Initial		40	Application C734LNA08A.pdf



**INSURABLE INTEREST AND STOLI CERTIFICATION
FOR USE WITH THE SALE OF SINGLE PREMIUM IMMEDIATE ANNUITIES**

*[Required for all applications where the proposed annuitant is age [65] and above
and the proposed premium is [\$1,000,000] and above.]*

United of Omaha Life Insurance Company does not issue annuities unsupported by an insurable interest, including any annuity involved or contemplated to be involved in financing stranger originated life insurance (“STOLI”) transactions. **STOLI is a practice or plan to initiate a life insurance policy for the benefit of a third party who, at the time of policy origination, has no insurable interest in the insured.**

Name of Owner/Applicant: _____

Questions to be answered by the owner/applicant:

- 1. Are payments from this annuity intended to be used to pay any portion of the premiums on any life insurance policy on the life of the annuitant? Yes No

If yes, please provide a description of the life insurance and an explanation of its purpose. In your description, provide the name of the life insurance company, the insured’s name and the owner’s name if different, the issue date, the face amount, and the annual premium.

- 2. Are any funds, other than your own, intended to be used to pay the premium on this annuity or for any portion of a life insurance policy on the life of the annuitant?..... Yes No

If yes, please provide the name and address of the source of the funds as well as its relationship to the Owner/Applicant.

- 3. Have you completed, contemplated, or discussed with anyone a STOLI transaction involving a life insurance policy, for which premium would be paid using payments due under this annuity? Yes No

Notice to Residents in All States (Except New York) Unless Otherwise Indicated Below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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.

Notice to Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to Kansas Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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 as determined by a court of law.

Notice to Maine Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Massachusetts Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

Notice to Oregon/Vermont Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Notice to Puerto Rico Residents Only: Any person who knowingly, and with intent to defraud or deceive any insurance company includes false information in an application for insurance or files, assists, or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage, may be guilty of a felony. Upon conviction, that person will be fined between \$5,000 and \$10,000, imprisoned for three (3) years or both. Aggravating or attenuating circumstances may result in the prison term being increased to five (5) years or reduced to two (2) years.

Notice to Virgin Islands Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims 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 penalties.

Notice to Washington Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

STATEMENT OF THE OWNER/APPLICANT:

I understand that my answers and all the other information on this statement will be relied upon by United of Omaha in deciding whether to issue this annuity and I understand that any failure by me to provide answers that are fully truthful and correct may render the contract void, and may make the contract subject to cancellation or rescission.

Signature of Owner/Applicant

Date

QUESTIONS TO BE ANSWERED BY THE PRODUCER

- 1. Have you solicited, recommended, brokered, or otherwise participated in any communications with the annuitant or the owner/applicant concerning a STOLI transaction involving a life insurance policy or this annuity? Yes No
- 2. Are you aware of any intent on the part of the owner/applicant or annuitant to use this annuity in connection with any type of STOLI, life settlement, viatical settlement, senior settlement, or other secondary market or similar transaction? Yes No
- 3. Are you aware of any intent on the part of anyone other than the annuitant or the owner/ applicant to use this annuity in connection with any type of STOLI, life settlement, viatical settlement, senior settlement, or other secondary market or similar transaction? Yes No

If you answered any of the three questions above "yes," please explain your answers below.

STATEMENT OF THE PRODUCER:

I attest that this annuity is supported by a legally recognized insurable interest. I further attest that I have no knowledge of any contemplation or completion of a STOLI transaction in connection with this annuity. I am not aware of anyone being paid or promised any consideration, other than compensation paid by the life insurance carrier, in connection with the application for and/or purchase of a life insurance policy for which the premiums are intended to be paid, in whole or in part, by this annuity.

I understand that any failure by me to provide answers that are fully truthful and correct may make me liable to return any and all compensation I may receive in connection with this annuity as well as other damages. I understand that any failure by me to provide answers that are fully truthful and correct may also subject me to disciplinary action by United of Omaha, including without limitation, termination of my sales contract with United of Omaha.

Signature of Producer

Date

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/03/2008
Comments:
Attachment:
AR Read Cert.pdf

Review Status:

Satisfied -Name: AR Fee Schedule Certificate 11/05/2008
Comments:
Attachment:
AR Fee Schedule Cert .pdf

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>
C734LNA08A	STOLI Annuity Application Supplement	40*

* When scored with the application and contract with which it will be used, this form meets or exceeds your requirement of a Flesch score of 40 or higher.

United of Omaha Life Insurance Company

Date: November 5, 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: Brandi Lashley

402-351-4005

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.**