

SERFF Tracking Number: MUTM-125625794 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 38815
Company Tracking Number: JAIME MOSQUEDA
TOI: HOrg03 Health - Other Sub-TOI: HOrg03.000 Health - Other
Product Name: Stop Loss Insurance - 10634GA-EZ 08 STOP LOSS
Project Name/Number: Stop Loss Application -10634GA-EZ 08 STOP LOSS/10634GA-EZ 08 STOP LOSS

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Stop Loss Insurance - 10634GA-EZ 08 STOP LOSS
SERFF Tr Num: MUTM-125625794 State: ArkansasLH

TOI: HOrg03 Health - Other

SERFF Status: Closed

State Tr Num: 38815

Sub-TOI: HOrg03.000 Health - Other

Co Tr Num: JAIME MOSQUEDA

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: June Rodgers, Jaime Mosqueda, Ellen Cochrane

Disposition Date: 04/30/2008

Date Submitted: 04/28/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Stop Loss Application -10634GA-EZ 08 STOP LOSS

Status of Filing in Domicile:

Project Number: 10634GA-EZ 08 STOP LOSS

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC# 261-69868

FEIN 47-0322111

Stop Loss Insurance

10634GA-EZ 08 STOP LOSS

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Enclosed for filing with your Department is the above-captioned stop loss insurance application. This form is being filed in order to comply with Bulletin No. 6-2008.

Please be assured that the addition of the required notice is the only change to this form, which was previously approved by your Department on December 31, 2003.

Your review and approval of this submission will be most appreciated. If I may be of additional assistance to you, please feel free to call me at the number listed below.

Sincerely,

Jaime Mosqueda
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-5062
Fax: 402-351-5298
E-mail: Jaime.Mosqueda@mutualofomaha.com

Company and Contact

Filing Contact Information

Jaime Mosqueda, Product & Advertising Compliance Analyst
4 - Regulatory Affairs Division
Omaha, NE 68175
jaime.mosqueda@mutualofomaha.com
(402) 351-5062 [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:

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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	04/28/2008	19937971

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Supporting Document	Fee Schedule Certificaton	Approved-Closed	Yes
Form	Application-Stop Loss	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 10634GA-EZ 08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	10634GA-EZ 08	Application/ Enrollment Form Application-Stop Loss	Initial		41	10634GR-EZ 08 STOP LOSS [fraud-AR].pdf

**APPLICATION TO
MUTUAL OF OMAHA INSURANCE COMPANY/UNITED OF OMAHA LIFE INSURANCE COMPANY
FOR STOP LOSS INSURANCE**

1. UNDERWRITING COMPANY (Check Appropriate Box Below):

- MUTUAL OF OMAHA INSURANCE COMPANY
- UNITED OF OMAHA LIFE INSURANCE COMPANY

Home Office: Mutual of Omaha Plaza, Omaha, NE 68175

For Home Office Use Only
POLICY NUMBER ASSIGNED

2. APPLICANT (Full Legal Name) _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

TELEPHONE NUMBER (_____) _____ - _____

3. The Applicant applies for stop loss insurance with the following terms and conditions.
This section may be updated by an addendum to this Application. The Application consists of this form and any written addendums to this Application, attached to this Application and signed by an officer of the underwriting company.

4. FINANCIAL CONDITION

Within the last five (5) years, has the Applicant remained continually solvent? Yes No

Does the Applicant reasonably expect to be solvent within the next 12 months? Yes No

If no to either question, please give details. _____

Solvent means not having filed a voluntary or involuntary petition in bankruptcy, a reorganization or an arrangement with creditors, or a general assignment for the benefit of creditors, the ability to pay debts as they become due, not having a trustee, receiver or other custodian appointed on its behalf, or any other case or proceeding under any bankruptcy or solvency law, or the commencement of any dissolution or liquidation proceeding.

Requested effective date of the policy: _____

This Application is submitted with the following advance payment: \$ _____

I understand that the underwriting company will rely and act upon the answers, statements and any misstatements or omissions of information that are made on this Application or given and used in the preparation of the Proposal upon which this Application is based. Erroneous information and any material omission of information may result in the rescission, cancellation or rerating of coverage issued in reliance thereon.

If this Application is not approved by an officer at the Home Office of the Underwriting Company, no coverage is in effect at any time and any advance payment received will be returned.

If this Application is approved by an officer at the Home Office of the Underwriting Company, it will be attached to and made a part of the policy and any reissue of the policy which is approved by an officer at the Home Office of the Underwriting Company. The effective date of the Policy is the effective date shown on the attached addendum, which is made a part of this Application.

Receipt of the policy or any reissued policy, and payment of any subsequent premium for the policy or any reissued policy, will constitute the applicant's acceptance of the provisions of the policy or the reissued policy.

I represent that no employee contributions or plan assets shall be used to pay premium or otherwise fund stop loss coverage. Stop loss reimbursements shall not be used to fund plan benefits nor shall this stop loss insurance be considered an asset to my plan.

Deposit of premium by the Underwriting Company does not constitute an approval or acceptance of liability if issuance of the policy is not approved by the Underwriting Company. If issuance of the policy is not approved, the premium will be refunded regardless of whether or not it was deposited.

NOTICE

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 act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE

Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employers/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

For Applicant:

Accepted By _____

Date _____

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	04/30/2008
Comments:				
Attachment:				
	Certification.pdf			
Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	04/30/2008
Bypass Reason:	N/A			
Comments:				
Bypassed -Name:	Application	Review Status:	Approved-Closed	04/30/2008
Bypass Reason:	N/A			
Comments:				
Satisfied -Name:	Readability Certification	Review Status:	Approved-Closed	04/30/2008
Comments:				
Attachment:				
	AR Read Cert.pdf			
Satisfied -Name:	Fee Schedule Certificaton	Review Status:	Approved-Closed	04/30/2008
Comments:				
Attachment:				
	AR Fee Schedule Cert .pdf			

Certification

Insurer: United of Omaha Life Insurance Company

Form Number(s): 10634GA-EZ 08 STOP LOSS

I hereby certify that the only change to the above filing is the addition of the notice required by Bulletin 6-2008.


Signature of Company Officer

Daniel J. Kennelly
Name

Vice President and Chief Compliance Officer
Title

April 28, 2008
Date

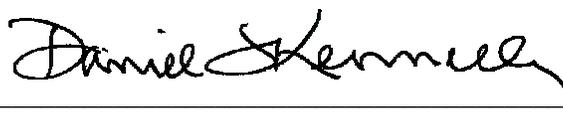
CERTIFICATION

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>
10634GA-EZ 08 STOP LOSS	Stop Loss Application	41.4

United of Omaha Life Insurance Company

Date: April 28, 2008



Daniel J. Kennelly
Vice President and 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: Jaime Mosqueda

402-351-5062

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.**