

SERFF Tracking Number: MUTM-125697006 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39321  
 Company Tracking Number: AMY PEITZ  
 TOI: A02I Individual Annuities- Deferred Non- Variable Sub-TOI: A02I.003 Single Premium  
 Product Name: Individual Annuity with Long-Term Care Insurance Rider- B974LNA07R  
 Project Name/Number: Model Reg for Living Care-B974LNA07R/B974LNA07R

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Annuity with Long-Term Care Insurance Rider- B974LNA07R SERFF Tr Num: MUTM-125697006 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed State Tr Num: 39321

Sub-TOI: A02I.003 Single Premium

Co Tr Num: AMY PEITZ

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Kim Meyerring, Ellen

Disposition Date: 06/18/2008

Cochrane, Amy Peitz

Date Submitted: 06/16/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Model Reg for Living Care-B974LNA07R

Status of Filing in Domicile:

Project Number: B974LNA07R

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: 06/18/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC # 261-69868 FEIN: 47-0322111

Individual Annuity with Long-Term Care Insurance Rider product

Form B974LNA07R - Availability of New Services or Providers Endorsement

SERFF Tracking Number: MUTM-125697006 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39321  
Company Tracking Number: AMY PEITZ  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
Variable  
Product Name: Individual Annuity with Long-Term Care Insurance Rider- B974LNA07R  
Project Name/Number: Model Reg for Living Care-B974LNA07R/B974LNA07R

To Comply with Rule 13.

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned form for review and approval by your Department. This form was developed to comply with Rule 13, applicable to the Availability of New Services or Providers.

Form B974LNA07R is an endorsement intended to be made a part of the Annuity Contract and Long-Term Care Insurance Rider to which it is attached. The Annuity Contract and Long-Term Care Insurance Rider, Form B618LAR07R, was approved by your Department on November 26, 2007.

The addition of this endorsement is not expected to impact our current rates for the affected products; therefore, no Actuarial Memorandum or revised rates are enclosed.

Your review and approval of this submission will be most appreciated. If you have any questions, please feel free to contact me.

Sincerely,

Amy Peitz

Product and Advertising Compliance Analyst

Regulatory Affairs

Phone: 402-351-2449

Fax: 402-351-5298

E-mail: Amy.Peitz@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Amy Peitz, Product & Advertising Compliance Analyst amy.peitz@mutualofomaha.com

SERFF Tracking Number: MUTM-125697006 State: Arkansas  
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Product Name: Individual Annuity with Long-Term Care Insurance Rider- B974LNA07R  
Project Name/Number: Model Reg for Living Care-B974LNA07R/B974LNA07R

4 - Regulatory Affairs Division (402) 351-2449 [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  
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SERFF Tracking Number: MUTM-125697006 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 39321  
Company Tracking Number: AMY PEITZ  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium  
Variable  
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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	06/16/2008	20923068

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/18/2008	06/18/2008

*SERFF Tracking Number:* MUTM-125697006      *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Availability of New Services and Providers Endorsement		Yes

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## Form Schedule

Lead Form Number: B974LNA07R

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B974LNA07R	Policy/Cont	Availability of New ract/Fratern Services and al Providers Certificate: Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial			B974LNA07R - Availability of New Services and Providers Endorsement. pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

## AVAILABILITY OF NEW SERVICES OR PROVIDERS ENDORSEMENT

This endorsement is made a part of the Annuity Contract and Long-Term Care Insurance Rider to which it is attached. It is subject to all parts of the Annuity Contract and Long-Term Care Insurance Rider not in conflict with this endorsement. In the event of a conflict between this endorsement and any other provision of the Annuity Contract or Long-Term Care Insurance Rider, this endorsement will control.

Endorsement Date ([Month Day, Year], or the Annuity Contract issue date, whichever is later)

## AVAILABILITY OF NEW SERVICES OR PROVIDERS

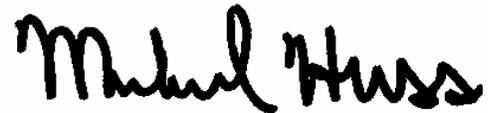
If new benefits are developed by us for long-term care services which were not previously available with this rider, we will:

- (a) notify the Owner of the availability of such benefits within 12 months; and
- (b) offer the Owner the option to purchase these benefits by either:
  - (i) adding a rider or endorsement with costs based on the Annuitant's attained age to the existing contract;
  - (ii) exchanging the existing contract with one which grants credits for each full year the existing contract has been in force, if no claims have been filed; or
  - (iii) exchanging the existing contract with one where costs are based on the Annuitant's age on the date the existing contract was issued.

We will determine which of the above options will be offered.

Purchase of the additional benefits will be subject to underwriting practices which shall be no more restrictive than applying for a new contract. Eligibility for new benefits will not apply if the Annuitant is receiving Covered Services.

United of Omaha Life Insurance Company



Corporate Secretary

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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

06/16/2008

### Comments:

### Attachments:

AR Read Cert.pdf

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>
B974LNA07R	Availability of New Services or Providers Endorsement	*

\*When scored with the contract and long term care rider, this endorsement meets or exceeds your State's requirements.

United of Omaha Life Insurance Company

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Date: June 16, 2008



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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: Amy Peitz

402-351-2449

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 = \$20.00

\*\*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.**