

SERFF Tracking Number: MUTM-126351818 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 43843
Company Tracking Number: VERONICA BOOTH
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - URC7313
Project Name/Number: Medicare Supplement Advertising / URC7313

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - URC7313 SERFF Tr Num: MUTM-126351818 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Filed State Tr Num: 43843

Sub-TOI: MS051.001 Plan A

Co Tr Num: VERONICA BOOTH

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Veronica Booth

Disposition Date: 11/24/2009

Date Submitted: 10/21/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: URC7313

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/24/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/24/2009

Created By: Veronica Booth

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Veronica Booth

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

URC7313, URC7313-1 (Reply card)

URC7314, URC7314-1 (Reply card)

URC7315, URC7315-1 (Reply card)

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Enclosed for review by your Department is a copy of the above-captioned advertising. The forms are new and are not intended to replace any previously approved forms. They will be used with the appropriate approved forms in your state.

The method of distribution for the above submitted materials will be by direct mail. We also certify that the submitted materials will appear to the public exactly as we have presented them to your Department, and acknowledge that should these materials be modified, we will file the modified forms with your Department. We further certify that the disclosure language contained with the submitted materials is in at least 10 point font size.

These are lead generating letters that will be sent to prospects prior to them turning 65 to obtain a free copy of "A Guide To Health Insurance For People With Medicare", created by the Centers of Medicare and Medicaid Services and the National Association of Insurance Commissioners. The prospects we will be mailing to are from a prospecting mailing list.

When the recipient returns the card for the booklet, an agent will contact them to solicit our Medicare Supplement insurance. There are two statements on the letter and reply card informing the recipient an agent will contact them. One of those also indicates this is a solicitation of insurance.

We request that any wording such as "Sample J. Sample" and the phone number in brackets be considered variable. We have also enclosed a Memorandum of Variable Material describing all other variable items.

Your notice of acceptance of this filing would be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

vb

Company and Contact

Filing Contact Information

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Veronica Booth, Senior Policy Drafting & Regulatory Assistant
 Regulatory Affairs
 Mutual of Omaha Plaza
 Omaha, NE 68175
 veronica.booth@mutualofomaha.com
 402-351-4737 [Phone]
 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? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 25.00 per form. 6 forms submitted
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$150.00	10/21/2009	31443738

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/24/2009	11/24/2009

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Form Schedule

Lead Form Number: URC7313

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 11/24/2009 & Status	URC7313 URC7313-1	Advertising	Letter and Reply Card	Initial		0.000	URC7313.pdf
Filed 11/24/2009 &	URC7314 URC7314-1	Advertising	Letter and Reply Card	Initial		0.000	URC7314.pdf
Filed 11/24/2009 &	URC7315 URC7315-1	Advertising	Letter and Reply Card	Initial		0.000	URC7315.pdf

VARIABLE MATERIAL FOR ADVERTISING FORM URC7313

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
Graphic of Guide	Switch graphic yearly to current cover of Guide.
[Name]	First and last name of the licensed agent.
[Agent Title]	This will only be an approved home office title. The letter will be signed by a licensed agent.
[web address]	This will be a company approved web site, used to collect the same information as the reply card.

VARIABLE MATERIAL FOR ADVERTISING FORM URC7314

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
Graphic of Guide	Switch graphic yearly to current cover of Guide.
[Name]	First and last name of the licensed agent.
[Agent Title]	This will only be an approved home office title. The letter will be signed by a licensed agent.
[web address]	This will be a company approved web site, used to collect the same information as the reply card.

VARIABLE MATERIAL FOR ADVERTISING FORM URC7315

The following information in the aforementioned advertisement is bracketed to denote variable material.

<u>Section</u>	<u>Explanation</u>
[Name]	First and last name of the licensed agent.
[Agent Title]	This will only be an approved home office title. The letter will be signed by a licensed agent.
[web address]	This will be a company approved web site, used to collect the same information as the reply card.