

SERFF Tracking Number: MUTM-126073558 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41783
Company Tracking Number: VERONICA BOOTH
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: UL4849
Project Name/Number: Medicare Supplement/UL4849

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: UL4849

SERFF Tr Num: MUTM-126073558 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -
Standard Plans

SERFF Status: Closed

State Tr Num: 41783

Sub-TOI: MS051.001 Plan A

Co Tr Num: VERONICA BOOTH

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Veronica Booth

Disposition Date: 03/13/2009

Date Submitted: 03/13/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement

Project Number: UL4849

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/13/2009

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: 03/13/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please see the description in the cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Veronica Booth, Senior Policy Drafting &

veronica.booth@mutualofomaha.com

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Regulatory Assistant

Regulatory Affairs (402) 351-4737 [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

SERFF Tracking Number: MUTM-126073558 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 25.00 each form. 4 forms submitted
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$100.00	03/13/2009	26401235

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/13/2009	03/13/2009

SERFF Tracking Number: MUTM-126073558 *State:* Arkansas
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Disposition

Disposition Date: 03/13/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126073558 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Memorandums of Variable Material	Accepted for Informational Purposes	Yes
Form	Letter	Filed	Yes
Form	Letter	Filed	Yes
Form	Brochure	Filed	Yes
Form	Carrier	Filed	Yes

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Form Schedule

Lead Form Number: UL4849

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UL4849	Advertising Letter		Initial			UL4849.pdf
Filed	UL4850	Advertising Letter		Initial			UL4850.pdf
Filed	UC7059	Advertising Brochure		Initial			UC7059_Brackets.pdf
Filed	UE1312	Advertising Carrier		Initial			UE1312.pdf

We're a company you can trust.

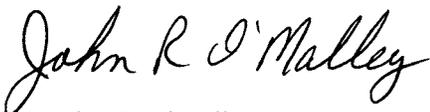
When you own a United of Omaha Medicare Supplement policy (a Mutual of Omaha Company), you get the reputation, strength and stability of Mutual of Omaha Insurance Company and its affiliates. Since their founding in 1909, Mutual of Omaha has provided outstanding service to millions of policyholders across America. [United of Omaha Life Insurance Company is rated [A+ SUPERIOR] [(attained 12/2007)] by A.M. Best Rating Company, for overall financial strength and ability to meet ongoing obligations to policyholders.]

Take a look at the enclosed materials which feature our available plans. Compare our rates with any other company's plans. You'll find we offer an exceptional value.

Receive a 30-day free look period.

To apply, simply fill out the enclosed application and return it [along with your first month's premium] in the postage-paid envelope provided. If you're not completely satisfied just return it within 30 days – no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,



John R. O'Malley
Director, Marketing Services
Licensed Agent

P.S. Don't wait ... take advantage of this open enrollment period so your acceptance will be guaranteed – without a single health question! **Complete and mail your enclosed application today.**

Important Information

Open Enrollment is a one-time only period that lasts for six months and begins on the first day of the month in which you are both 65 or older and enrolled in Medicare Part B.

[Questions]

[Call [1-800-865-2674]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m. • Friday 7:00 a.m. - 7:00 p.m. • Saturday 7:30 a.m. - 4:00 p.m. C.T.]

[or visit us at www.mutualofomaha.com]

Coverage underwritten by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. For complete information on benefits, and limitations, refer to your Outline of Coverage and for information on exceptions, and reductions refer to your policy. The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. The purpose of this communication is the solicitation of insurance. Contact may be made by an insurance agent or insurance company.

[While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].]

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. In OK: UM1-21398, UM4-21399, UM5-21400. Not all policies may be available in all states. [In some states, Plans may be available to persons eligible for Medicare by reason of disability.]

Our service is second to none.

Our friendly, professional and knowledgeable customer service representatives can help answer additional questions you have regarding Medicare Supplement insurance. Let our experience work for you.

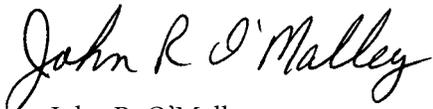
We're a company you can trust.

When you own a United of Omaha Medicare Supplement policy (a Mutual of Omaha Company), you get the reputation, strength and stability of Mutual of Omaha Insurance Company and its affiliates. Since their founding in 1909, Mutual of Omaha has provided outstanding service to millions of policyholders across America. [United of Omaha Life Insurance Company is rated [A+ SUPERIOR] [(attained 12/2007)] by A.M. Best Rating Company, for overall financial strength and ability to meet ongoing obligations to policyholders.]

Receive a 30-day free look period.

It's easy to switch to a United of Omaha Medicare Supplement insurance policy. Take a look at the enclosed materials which feature our available plans. Compare our rates with any other company's plans. You'll find we offer an exceptional value. Then, simply fill out the enclosed application and return it [along with your first month's premium] in the postage-paid envelope provided. If you're not completely satisfied just return it within 30 days – no questions asked. Any premium payments, less claims paid, will be promptly refunded.

Sincerely,



John R. O'Malley
Director, Marketing Services
Licensed Agent

P.S. When you switch to a United of Omaha Medicare Supplement insurance policy, you'll be covered as soon as your application is approved. There is no waiting period for pre-existing conditions. Benefits will be paid from the time your policy is in force. **Complete and mail your enclosed application today.**

Important Information

You can replace your existing Medicare Supplement insurance without losing a single day of protection. Just complete and return the enclosed application and satisfy the application process. But please do not cancel your existing coverage until you have actually received your new insurance policy and are sure it's right for you. Remember, if you are not 100% satisfied, you can return your policy within 30 days for a full refund. Any premium payments, less claims paid, will be promptly refunded.

[Questions]

[Call [1-800-865-2674]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m. • Friday 7:00 a.m. - 7:00 p.m. • Saturday 7:30 a.m. - 4:00 p.m. C.T.]
[or visit us at www.mutualofomaha.com]

Coverage underwritten by United of Omaha Life Insurance Company. United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. For complete information on benefits, and limitations, refer to your Outline of Coverage and for information on exceptions, and reductions refer to your policy. The household premium discount will be removed if you cease to reside with the other adult or your spouse, or if that person's coverage with us terminated for any reason. The discount will not be removed if one of the individual's becomes deceased. The purpose of this communication is the solicitation of insurance. Contact may be made by an insurance agent or insurance company.

[While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].

Policy forms: UM1, UM2, UM3, UM4 and UM5 or state equivalent. In OK: UM1-21398, UM4-21399, UM5-21400. Not all policies may be available in all states. [In some states, Plans may be available to persons eligible for Medicare by reason of disability].

Things To Consider For Your Health Care Needs

- Affordable rates
- The choice to choose your own health care provider – no referrals needed
- Virtually no paperwork, and quick payment of claims
- Valuable benefits paid directly to you
- Benefits paid regardless of other insurance you may have
- Coverage you can depend on to grow as Medicare changes

How to Apply:

1. Choose the plan that's best for you. Complete the Plan information box on the application. Refer to the Outline of Coverage for policy information.

Many of our policyowners chose Plan F or G for its combination of value and coverage. You may want to do the same too!
2. Complete all information areas on your application to ensure faster processing.
3. Once completed, sign and return your application in the postage-paid envelope provided, [along with your first monthly premium]. All future premiums will be billed according to the method you indicate on your application.



[Have additional questions?]

[Call [1-800-865-2674]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m.
Friday 7:00 a.m. - 7:00 p.m.
Saturday 7:30 a.m. - 4:00 p.m. C.T.]

[or visit our Web site at:
[www.mutualofomaha.com]]

[For a FREE information package on Medicare prescription drug program (Part D), call [1-800-847-9814.]]



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Coverage underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company
Mutual of Omaha Plaza, Omaha, NE 68175

United of Omaha Life Insurance Company is solely responsible for its contractual obligations. United of Omaha Life Insurance Company is licensed nationwide except in NY. Neither United of Omaha Life Insurance Company, nor its Medicare Supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. For complete information on benefits, exceptions, reductions and limitations, refer to your Outline of Coverage and your policy. The purpose of this communication is the solicitation of insurance. Contact may be made by an insurance agent or insurance company.

Policy forms: UM1, UM2, UM3, UM4 and UM5 (or state equivalent). Not all policy forms may be available in every state. [In some states, Plans may be available to persons under age 65 who are eligible for Medicare by reason of disability.]

Medicare Supplement Insurance *Made Simple*

Answers to questions about our Medicare Supplement Insurance



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Frequently Asked Questions about United of Omaha Life Insurance Company Medicare Supplement Insurance

Q. I'm in great health. Why do I need a Medicare Supplement insurance policy?

A. Having Medicare Supplement insurance in place may help protect your retirement savings and lifestyle and help give you peace of mind. Even if you're healthy now, there's no guarantee what the future may bring.

Q. Since all Medicare Supplement insurance plans are similar, isn't one plan the same as the next?

A. It's true that Medicare Supplement benefits are standardized and mandated by law, but they don't all cost the same or provide the same level of service. That's why it's important to compare rates and the reputation of the insurance company.

Q. How do your rates compare to those of other insurance companies?

A. Take a look at the rates on the letter or review the accompanying outline of coverage. You'll see United of Omaha Life Insurance Company's rates are very competitive.

Q. Is it difficult to apply?

A. Not at all. Enclosed you'll find everything you need to apply for this coverage, including a clear description of the policies, the monthly rates, a simple-to-complete application and a postage-paid reply envelope.

Q. If I apply for this insurance, will I need a medical exam?

A. Absolutely not! If you are in your Open Enrollment period your acceptance is guaranteed without any health questions and if you're not, your acceptance is based on your answers to questions on the enclosed application. No physical exam is required.

Q. Will I be able to choose my own doctor?

A. Absolutely. Unlike other kinds of health plans for Medicare beneficiaries, you'll have the freedom and flexibility to use the doctors and hospitals you want. With Medicare Supplement insurance, there are no networks and you never need a referral.

Q. Do I have a choice of payment options?

A. Yes. You can take advantage of our convenient payment options. Your premiums will be billed according to the method you select on your application. Once your application is processed, your billing preferences will be activated.

Q. What kind of benefits are not covered?

A. We will not pay benefits for: (a) any expense incurred while the policy is not in force; (b) hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while the policy is not in force; (c) that portion of any expenses incurred which is paid for by Medicare; (d) services for non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs and eye refractions; (e) services for which a change is not normally made in the absence of insurance or (f) loss or expense that is payable under any other Medicare Supplement policy or certificate. (Not applicable in VA.)

Q. How do I know if I am eligible for the seven percent household premium discount?

A. You're eligible for the household premium discount if you have resided with another adult for at least one year, or you're married, and the person also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates.

Q. What happens if Medicare raises its deductibles and copayments?

A. Each time Medicare raises deductibles and copayments, your benefits will automatically increase to cover them.

Q. When will my benefits start?

A. If you're already on Medicare, your benefits will start the very day we receive and approve your application along with your first month's premium. If you're not yet 65, your protection will start on your Medicare Part B effective date, once you're approved for coverage.

Q. Is there a lot of paperwork filing claims?

A. No! With United of Omaha's automated claims processing, claims are paid promptly – virtually without any paperwork required from you. It's fast and easy.

Q. Will I be singled out for a premium increase if I file too many claims?

A. No. [Your premium is based on attained age rating which means your premiums increase each year until you reach age 90]. Although premiums may change when a change is made on all in force Medicare Supplement policies of the same form issued to persons of your classification in the same geographic area of your state.

Q. If I file a lot of claims, do I risk losing my insurance?

A. Absolutely not. This coverage is guaranteed renewable. It's yours to keep for life as long as your premiums are paid on time, and there has been no fraud or material misrepresentation. It cannot be canceled due to your age, health or the number of claims you file.



Q. What kind of service can I expect?

A. Our friendly, professional and knowledgeable customer service representatives can help answer any additional questions you have regarding Medicare Supplement insurance. Let our experience work for you.

Q. What if I change my mind?

A. If you're not happy with your United of Omaha Life Insurance Company Medicare Supplement insurance policy, simply return it within 30 days. You'll receive a full refund of any premium payments less claims paid – no questions asked.

Q. Does this plan offer Medicare Part D coverage?

A. No. But, you can get a free information packet on Medicare prescription drug coverage (Part D) by calling [1-800-847-9814.]

[Additional Questions?]

[Call toll-free [1-800-865-2674]]

[Monday - Thursday 7:00 a.m. - 8:00 p.m.]

Friday 7:00 a.m. - 7:00 p.m. Saturday 7:30 a.m. - 4:00 p.m. C.T.]

[or go online at [www.mutualofomaha.com]]

Complete, sign and return your application [along with your first month's premium].

Glossary of Terms

You will need to understand the important terms used when reviewing Medicare Supplement insurance policies. This is a list of common terms and what they mean.

Open Enrollment is a period that lasts for six months and begins on the first day of the month in which you are age 65 or older and enrolled in Medicare Part B. During this period, Federal law allows you to buy any Medicare supplement policy you want that is sold in your state. An insurance company cannot deny you coverage, charge you more due to past or present health conditions or make you wait for your coverage to start.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility includes expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services includes expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

Benefit Period is the period of time that begins when you enter a hospital or skilled nursing facility and ends when you haven't received any inpatient hospital care or skilled care in a Skilled Nursing Facility for 60 days in a row.

Deductible is the amount you must pay for health care or prescriptions before Medicare, your prescription drug plan, or other health care insurance will begin to pay incurred costs.

Coinsurance is the portion of eligible expenses you may be required to pay for services after you pay any Medicare Supplement or other health insurance deductibles.

Guaranteed Renewable requires an insurance company to automatically renew or continue your Medicare supplement policy unless you make untrue statement, commit fraud or fail to pay your premiums on time.

Excess Charge is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.



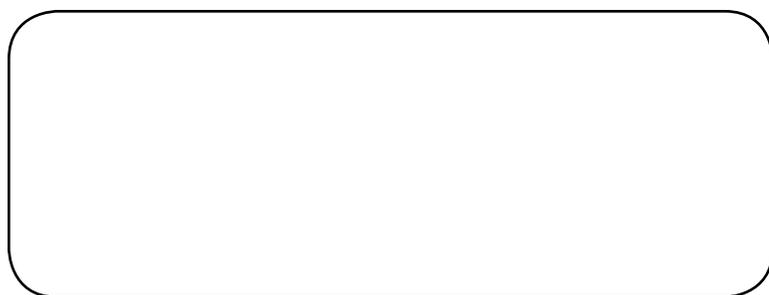
UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175

PRSR STD
U.S. POSTAGE
PAID
MUTUAL
OF OMAHA

[Intro] [3rd party client] [client reference]



**What 3 things
should you look for when choosing
Medicare Supplement insurance?**

[Look inside]

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TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
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Product Name: UL4849
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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational Purposes 03/13/2009

Comments:

Attachment:

AR Letter - App..pdf

Satisfied -Name: Memorandums of Variable Material **Review Status:** Accepted for Informational Purposes 03/13/2009

Comments:

Attachments:

UL4849 Memo of Var..pdf
UL4850 Memo of Var..pdf
UC7059_Memo of Var.pdf
UE1312 Memo of Var.pdf

UNITED of OMAHA

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



March 13, 2009

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

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Direct Response Mail Advertising
Medicare Supplement Advertising

Package 1:
Letter: UL4849
Brochure: UC7059
Carrier: UE1312

Package 2:
Letter: UL4850
Brochure: UC7059 (same as pkg 1)
Carrier: UE1312 (same as pkg 1)

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 appropriate approved forms in your state.

When marketing to Pre-65 customers, we will be mailing Package 1. When marketing to Post-65 customers, we will be mailing Package 2. The letters are different. The Brochure and Carriers are the same for both packages.

The above advertisements will be used with Application UA5910-03 which was approved by your Department on April 28, 2008. These advertisements will also be used with Outlines of Coverage UCPNA, URPARD, UDPNS2 and UBCPNA approved by your Department on April 28, 2008.

We request that any information in brackets be considered variable. Memorandums of Variable Material describing the variable items are attached.

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

Sincerely,

Mike Trebold
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2654
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

vb

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL4849

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

1) “Your acceptance is GUARANTEED during Open Enrollment Apply Today!” – Johnson box, top, center

One of the following statements will be used:

- a) Apply for your Medicare Supplement insurance policy today!”
- b) Guaranteed Acceptance for a limited time.
- c) Are you prepared as you could be for Medicare?
- d) Need a good reason to consider a Medicare Supplement insurance policy?
- e) Is Medicare in your future?
- f) Have you selected your Medicare Supplement insurance policy?
- g) You’ll soon make a big Medicare Supplement decision.
- h) Your Medicare Supplement insurance decision can be easy.
- i) Why pay more than you have to?
- j) Review your options and save!
- k) Your acceptance is GUARANTEED during Open Enrollment Apply Today!
- l) Third party options (Please see attachment for these variables).

2) “Dear [Pat Q. Sample,]” – opening of letter

One of the following options will be used:

- a) Dear “Pat Q. Sample” (*for personalization*)
- b) Dear “Friend”
- c) Dear [Third Party client customer references]

3) Plan and Rates – male and female chart towards bottom of page

Variable fields will be personalized for customers based on zip code, age and gender. Rates used will be the current filed and approved rates with the state.

4) “United of Omaha Insurance Company is rated [A+ SUPERIOR][attained 12/2007] by A.M. Best...” – last sentence in first paragraph on page 2

This entire line will either be

- a) left in
- b) or completely taken out

Within the variable the rating and date attained will be updated as needed

5) “along with your first month’s premium” – first sentence under 2nd sub-heading Apply today and receive a 30-day

This entire line will either be

- a) left in
- b) or completely taken out

6) Signature and name – Mid section of page 2

This is variable to leave the opportunity for updating the name of licensed individual if there would be a change in the Director position

7) “Questions ” – verbiage at bottom of page 2

One of the following statements will be used or the entire line will be left out

- a) Questions
- b) To Apply:

8) “Call [1-800-XXX-XXXX]” – verbiage at bottom of page 2

This entire line will either be

- a) left in
- b) or completely taken out

9) “Monday – Thursday...” verbiage at bottom of page 2

This entire line will either be:

- a) left in or
- b) completely removed

10) "Days and time listing if option a) is selected in variable field # 10"

This is variable to leave the opportunity for updating the days and time of operation if there would be a change.

11) "or visit us at [www.mutualofomaha]" – verbiage at bottom of page 2

This entire line will either be:

- a) left in or
- b) completely removed

12) Web address for variable field # 11

A current and approved Medicare Supplement web address will be used.

13) "In some states, Plans may be available to persons eligible for Medicare by reason of disability" – last sentence of 1st paragraph in disclosure area on bottom of page 2

This entire line will either be:

- a) IN if marketing to a disability state and specific language per states requirements
 1. In ME, plans ACDFG.
 2. In MD, Plan A is available. Coverage is also available to persons who are terminated from the Maryland Health Insurance Plan (MHIP) due to Medicare eligibility.
 3. In NJ, Plan C is available to persons age 50 or older who are eligible for Medicare due to a disability.
- b) OUT if not marketing to a disability state

14) Third Party Client disclaimers - last set of disclaimers at bottom of 2nd page, above the blue bar

This variable field will only be used when marketing with an approved 3rd Party Partner.

- a) While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].3

Variable a) above will always be used when marketing with an approved 3rd partner. One or a combination of the following disclaimers may be used depending on the type of institution the 3rd party client is and their requirements.

- b) The insurance product is not a deposit or other obligation of, or guarantee by, the bank or any affiliate of the bank. The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank. –
- c) NOT A DEPOSIT – NOT FDIC INSURED – NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY – NOT GUARANTEED BY A BANK
- d) These Medicare Supplement insurance policies are underwritten by United of Omaha Life Insurance Company, Omaha, NE 68175, which assumes all responsibility and liability for the program and the insurance benefits provided thereunder. Neither [3rd party client] nor its related companies are affiliated with United of Omaha Life Insurance Company.

ATTACHMENT FOR 3RD PARTY CLIENT VARIABLES

Three variable fields for 3rd Party Clients: [Intro] [3rd Party Client] [Customer Reference]

(example: An Offer for CitiBank Cardmembers)

Intro

- a) An Offer for
- b) For Select
- c) For
- d) Leave blank

3rd Party Client

An approved 3rd Party Partner's name will be inserted

Client Customer Reference

One of the variations listed below will be used dependent on 3rd party client requirements.

- a) Cardmember
- b) Cardmembers

- c) Cardholder
- d) Cardholders
- e) Member
- f) Members
- g) Client
- h) Clients

- i) Account
- j) Accounts
- k) Accountholder
- l) Accountholders
- m) Member Benefit Notice
- n) Customer Benefit Notice
- o) Member Notice
- p) Customer Notice

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UL4850

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

1) "You can switch your plan – without taking a medical exam..!" – Johnson box, top, center

One of the following statements will be used:

- a) Compare Rates - Apply Today!
- b) Possibly Save \$100's!
- c) Check Out our Rates!
- d) Compare and Save!
- e) It's Easy To Apply!
- f) Send No Money Now! (Used for marketing "No Cash with App.")
- g) Review your Options!
- h) Apply Today!
- i) Happy with your Medicare Supplement Rate?
- j) Apply for your Medicare Supplement insurance policy today!
- k) Call for a free quote.
- l) Why pay more than you have to!
- m) Review your options and save.
- n) Are you paying more than you have to for your Medicare Supplement Insurance Coverage?
- o) Apply now and start saving today!
- p) Complete and return your application today!
- q) You can switch your plan – without taking a medical exam Apply Today!
- r) Third party options (Please see attachment for these variables).

2) "Dear [Pat Q. Sample,]" – opening of letter

One of the following options will be used:

- a) Dear "Pat Q. Sample" (for personalization)
- b) Dear "Friend"
- c) Dear [Third Party client customer references]

3) Plan and Rates – male and female chart towards bottom of page

Variable fields will be personalized for customers based on zip code, age and gender. Rates used will be the current filed and approved rates with the state.

4) Percentages in last paragraph on front of page 1

These percentages are variable to allow for any sub-standard (class I or class II) rating adjustments from the outline of coverage.

5) "United of Omaha Life Insurance Company is rated [A+ SUPERIOR][attained 12/2007] by A.M. Best..." – last sentence in first paragraph on page 2

This entire line will either be

- a) left in
- b) or completely taken out

Within the variable the rating and date attained will be updated as needed

6) "along with your first month's premium" – first sentence under 2nd sub-heading Apply today and receive a 30-day

This entire line will either be

- a) left in
- b) or completely taken out

7) Signature and name – Mid section of page 2

This is variable to leave the opportunity for updating the name of the licensed individual if there would be a change in the Director position

8) "Questions " – verbiage at bottom of page 2

One of the following statements will be used or the entire line will be left out

- a) Questions
- b) To Apply:

9) "Call [1-800-XXX-XXXX]" – verbiage at bottom of page 2

This entire line will either be

- a) left in
- b) or completely taken out

10) "Monday – Thursday..." verbiage at bottom of page 2

This entire line will either be:

- a) left in or
- b) completely removed

11) "Days and time listing if option a) is selected in variable field # 10

This is variable to leave the opportunity for updating the days and time of operation if there would be a change.

12) "or visit us at [www.mutualofomaha]" – verbiage at bottom of page 2

This entire line will either be:

- a) left in or
- b) completely removed

13) Web address for variable field # 12

A current and approved Medicare Supplement web address will be used.

14) "In some states, Plans may be available to persons eligible for Medicare by reason of disability" – last sentence of 1st paragraph in disclosure area on bottom of page 2

This entire line will either be:

- a) IN if marketing to a disability state and specific language per states requirements
 1. In ME, plans ACDFG.
 2. In MD, Plan A is available. Coverage is also available to persons who are terminated from the Maryland Health Insurance Plan (MHIP) due to Medicare eligibility.
 3. In NJ, Plan C is available to persons age 50 or older who are eligible for Medicare due to a disability.
- b) OUT if not marketing to a disability state

15) Third Party Client disclaimers - last set of disclaimers at bottom of 2nd page, above the blue bar

This variable field will only be used when marketing with an approved 3rd Party Partner.

- a) While United of Omaha Life Insurance Company and [3rd party client] share a financial interest in this program, United of Omaha is solely responsible for the underwriting of insurance, its administration and the payment of claims. United of Omaha's policies are available to the general public regardless of any affiliation with [3rd party client].

Variable a) above will always be used when marketing with an approved 3rd partner. One or a combination of the following disclaimers may be used depending on the type of institution the 3rd party client is and their requirements.

- b) The insurance product is not a deposit or other obligation of, or guarantee by, the bank or any affiliate of the bank. The insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or any affiliate of the bank.
- c) NOT A DEPOSIT – NOT FDIC INSURED – NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY – NOT GUARANTEED BY A BANK
- d) These Medicare Supplement insurance policies are underwritten by United of Omaha Life Insurance Company, Omaha, NE 68175, which assumes all responsibility and liability for the program and the insurance benefits provided thereunder. Neither [3rd party client] nor its related companies are affiliated with United of Omaha Life Insurance Company.

ATTACHMENT FOR 3RD PARTY CLIENT VARIABLES

Three variable fields for 3rd Party Clients: [Intro] [3rd Party Client] [Customer Reference]

(example: An Offer for CitiBank Cardmembers)

Intro

- a) An Offer for
- b) For Select
- c) For
- d) leave blank

3rd Party Client

An approved 3rd Party Partner's name will be inserted

Client Customer Reference

One of the variations listed below will be used dependent on 3rd party client requirements.

- | | |
|----------------|----------------------------|
| a) Cardmember | i) Account |
| b) Cardmembers | j) Accounts |
| c) Cardholder | k) Accountholder |
| d) Cardholders | l) Accountholders |
| e) Member | m) Member Benefit Notice |
| f) Members | n) Customer Benefit Notice |
| g) Client | o) Member Notice |
| h) Clients | p) Customer Notice |

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UC7059

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

1) Last Q&A at bottom of first panel

One of the following statements will be used

- a) Q. How do I know if I am eligible for the seven percent household premium discount?
A. You're eligible for the household premium discount if you have resided with another adult for at least one year, or you're married, and that person also owns or is issued a Medicare Supplement policy with United of Omaha or its affiliates – for all states offering the seven percent discount
- b) Q. How do I know if I am eligible for the twelve percent household premium discount?
A. You're eligible for the household discount if you reside with your spouse or domestic partner. – for states offering the twelve percent discount, currently MO only

2) "Your premium is based on attained age rating..." 4th Q&A in left column of middle panel.

This attained age rating definition will be either:

- a.) left IN if the state requires this definition on their advertising, currently NC
- b.) OUT if a state is not an attained age rated state or if the state does not require this language on their ads.

3) "Does this plan offer Medicare Part D coverage?" Last Q&A in right column of middle panel

This whole paragraph will be either:

- c.) IN if offering Medicare Part D prescription program or
- d.) OUT if not offering the Part D program

Within this field, the phone number is variable to leave the opportunity for updating the number if there would be a change.

4) "Additional Questions " – verbiage at bottom of middle panel

One of the following will be used:

- a) Additional Questions?
- b) To Apply:
- c) (Left blank without any copy)

5) "Call toll-free [1-800-XXX-XXXX]" – verbiage at bottom of middle panel

This entire line will either be

- b.) left in
- b.) or completely taken out

6) "Monday – Thursday..." verbiage at bottom of middle panel.

This entire line will either be:

- a) left in or
- b) completely removed

7) Days and times listing if option a) is selected in variable field #6

This is variable to leave the opportunity for updating the days and time of operation if there would be a change.

8) "or go online at [www.mutualofomaha]" – verbiage at bottom of middle panel.

This entire line will either be:

- a) left in or
- b) completely removed

9) Web address for variable field #8

A current and approved company Medicare Supplement web address will be used.

10) "along with your first monthly premium" – verbiage at the bottom of middle panel.

This entire line will either be:

- a) left in or
- b) completely removed

11) "along with your first monthly premium" – verbiage under the How to Apply section, back flap

This entire line will either be:

- c) left in or
- d) completely removed

12) "Have additional questions" – 1st variable field on back panel below picture

One of the following will be selected:

- a) Have additional questions?
- b) To apply
- c) (Completely removed)

13) "Call [1-800-865-2674]" – 2nd variable field on back panel below picture.

This entire line will either be

- a) left in
- b) or completely taken out

14) "Monday – Thursday..." 3rd variable field on back panel below picture.

This entire line will either be:

- a) left in or
- b) completely removed

15) Days and times listing if option a) is selected in variable field #14

This is variable to leave the opportunity for updating the days and time of operation if there would be a change.

16) “or visit our website at [www.mutualofomaha.com]” verbiage on back panel below picture

This entire line will either be:

- a) left in or
- b) completely removed

17) Web address for variable field #16

A current and approved company Medicare Supplement web address will be used.

18) “For a FREE information package on Medicare prescription drug programs...” verbiage on back panel above company logo.

This whole paragraph will be either:

- a) IN if offering Medicare Part D prescription program or
- b) OUT if not offering Medicare Part D program

19) “In some states, Plans may be available to persons eligible for Medicare by reason of disability” verbiage on back panel, bottom of the page in the disclosure section.

This entire line will either be:

- a) IN if marketing to a disability state, currently IL, KY, LA, MO, & WI.
- b) OUT if not marketing to a disability state

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: UE1312

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

1) Stamp Below "What 3 things should you look for when choosing Medicare Supplement Insurance?"

One of the following statements will be used or the entire line will be left out:

- a) LOOK INSIDE
- b) SENT VIA FIRST CLASS MAIL
- c) DATED MATERIAL ENCLOSED
- d) SENT AT YOUR REQUEST (explanation: Used when information has been requested by the recipient).
- e) SECOND CHANCE NOTICE (explanation: Used for 2nd effort mailings)
- f) YOUR SECOND OPPORTUNITY (explanation: Used for 2nd effort mailings)
- g) FINAL NOTICE (explanation: Used on last mailings to 1st or 3rd party customers – for 3rd party, non-financial institutions only)
- h) OPEN NOW – START SAVING TODAY!
- i) GUARANTEED ACCEPTANCE FOR A LIMITED TIME. PLEASE RESPOND (explanation: For use only in states that offer open enrollment)
- j) WHY PAY MORE THAN YOU HAVE TO? (explanation: May not use at all, but if so, will only be for the 65+ market)
- k) REVIEW YOUR OPTIONS AND SAVE (explanation: Use for mailing to 65+ customers)
- l) ARE YOU PAYING TOO MUCH? (explanation: May not use at all, but if so, will only be for the 65+ market)
- m) AS SEEN ON TV (explanation: Will send from responses to television advertisements.)
- n) GUARANTEED ACCEPTANCE (For use only in states that offer open enrollment)
- o) IMPORTANT RATE INFORMATION ENCLOSED (explanation: Used only for invitation to contract mailings)
- p) IMPORTANT INFORMATION INSIDE
- q) IMPORTANT OFFER INSIDE
- r) ARE YOU AS PREPARED AS YOU COULD BE FOR MEDICARE?
- s) WHY IT PAYS TO CONSIDER MEDICARE SUPPLEMENT INSURANCE
- t) IS MEDICARE IN YOUR FUTURE?
- u) HAVE YOU SELECTED YOUR MEDICARE SUPPLEMENT INSURANCE?
- v) YOU MAY SOON MAKE A BIG MEDICARE SUPPLEMENT DECISION
- w) IMPORTANT: MEDICARE SUPPLEMENT OPTIONS ARE AVAILABLE
- x) PRIORITY MATERIALS RELATED TO MEDICARE SUPPLEMENT BENEFITS ENCLOSED

2) 3 variable fields above window

These variables will only be used when offering our products through approved 3rd Party client partners.

A. Intro

One of the following statements will be used for any client or the entire line will be left out:

- 1) An Offer for
- 2) For Select
- 3) For
- 4) Attention

B. 3rd Party Client Name

- 1) An approved 3rd Party Client Name will be used or the entire line will be left out

C. Client Reference

One of the variations listed below will be used dependent on 3rd party client requirements or the entire line will be left out:

- | | |
|----------------|-----------------------------|
| 1) Cardmember | 9) Account |
| 2) Cardmembers | 10) Accounts |
| 3) Cardholder | 11) Accountholder |
| 4) Cardholders | 12) Accountholders |
| 5) Member | 13) Member Benefit Notice |
| 6) Members | 14) Customer Benefit Notice |
| 7) Client | 15) Member Notice |
| 8) Clients | 16) Customer Notice |