Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - AFN43218

SERFF Tr Num: MUTM-126919286

State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010

SERFF Status: Closed-Filed-Closed

State Tr Num: 47401

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: KELLY KRUMWIED

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Kelly Krumwied

Disposition Date: 12/15/2010

Date Submitted: 11/29/2010

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: AFN43218

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/15/2010

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

Please see cover letter under the supporting documentation tab.

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: 12/15/2010

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance Consultant

carly.cole@mutualofomaha.com

Mutual of Omaha

402-351-2476 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

Omaha, NE 68175

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:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	$150.00	11/29/2010	42376187

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/15/2010	12/15/2010

Disposition

Disposition Date: 12/15/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MUTM-126919286*	*State:*	*Arkansas*
Filing Company:	*United of Omaha Life Insurance Company*	*State Tracking Number:*	*47401*
Company Tracking Number:	*KELLY KRUMWIED*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.001 Plan A 2010*
Product Name:	*Medicare Supplement Advertising - AFN43218*		
Project Name/Number:	*Medicare Supplement Advertising/AFN43218*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter	Filed	No
Supporting Document	Memorandum of Variability	Filed	No
Form	Email	Filed	No
Form	Email	Filed	No
Form	Email	Filed	No

Form Schedule

Lead Form Number: AFN43218

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/15/2010	AFN43218	Advertising	Email	Initial		0.000	AFN43218 (UoO Reminder).pdf
Filed 12/15/2010	AFN43220	Advertising	Email	Initial		0.000	AFN43220 (UoO Dewey).pdf
Filed 12/15/2010	AFN43221	Advertising	Email	Initial		0.000	AFN43221 (UoO Corp).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

MUTUAL of OMAHA

Medicare Supplement Insurance

IMPORTANT REMINDER

Dear [NAME],

When you requested a quote on our Medicare Supplement Insurance, you took an important step toward helping to protect your finances and giving yourself some peace of mind.

Now you can take the next step by **submitting a request online or calling us at [(###) ###-####]**. A United of Omaha Life Insurance Company agent can discuss the latest Medicare Supplement Insurance plans and help you choose the plan that's best for you. There's no cost or obligation of any kind for this information.

Please reply today. You'll be one step closer to enjoying the security and value you want.

Sincerely,

[AGENT NAME],
[AGENT TITLE]

Mutual of Omaha Insurance Company
Underwritten by: United of Omaha Life Insurance Company, a Mutual of Omaha Company
Mutual of Omaha Plaza | Omaha, NE 68175

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.

This is a solicitation of insurance and an agent may contact you by telephone. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24, UM30, UM31 (in ID, UM20-21698, UM23-21699, UM24-21700, UM30-22551, UM31-22552; in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC, UM30-22567NC, UM31-22568NC; in OK, UM20-21746, UM23-21747, UM24-21748, UM30-22579, UM31-22580; in OR, UM20-21610, UM23-21613, UM24-21614, UM30-22543, UM31-22544; in TX, UM20-21760, UM23-21761, UM24-21762, UM30-22587, UM31-22588; in WI, UM25) or state equivalent. This insurance has exclusions, limitations and reductions. Your United of Omaha Medicare supplement insurance policy will not pay for: any expense incurred before your policy date; services for which no charge is made when there is no insurance; or expense paid for by Medicare. An outline of coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except NY. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy (Plan A in TX) regardless of your age. In NC, premiums are based on attained age, which means they increase each year with age. Premiums may also change based on your class.

If you no longer wish to receive information from United of Omaha Life Insurance Company please click here to send a blank e-mail and unsubscribe from this list.

AFN43218

MUTUAL *of* OMAHA

Medicare Supplement Insurance

Dear [NAME],

Thank you for requesting a quote on Medicare Supplement Insurance from United of Omaha Life Insurance Company. Here are the monthly rates on the information you provided.*

To help you choose the Medicare Supplement plan that's right for you, **submit a request online or call us at [(###) ###-####]**. One of our friendly, knowledgeable agents will be happy to discuss which options best fit your needs. There is no cost of obligation of any kind for this information.

Count on United of Omaha Life Insurance Company, a Mutual of Omaha Insurance company, for the courteous, personal service you want and the experience you trust.

Sincerely,

[AGENT NAME],
[AGENT TITLE]

Plan(s)	Monthly Rates
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**

*[AGE, SEX, TOBACCO USAGE, ZIP CODE]
For illustration purposes only. DO NOT send money at this time; you cannot obtain coverage until you complete the application process.

Mutual of Omaha Insurance Company
Underwritten by: United of Omaha Life Insurance Company, a Mutual of Omaha Company
Mutual of Omaha Plaza | Omaha, NE 68175

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.

This is a solicitation of insurance and an agent may contact you by telephone. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24, UM30, UM31 (in ID, UM20-21698, UM23-21699, UM24-21700, UM30-22551, UM31-22552; in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC, UM30-22567NC, UM31-22568NC; in OK, UM20-21746, UM23-21747, UM24-21748, UM30-22579, UM31-22580; in OR, UM20-21610, UM23-21613, UM24-21614, UM30-22543, UM31-22544; in TX, UM20-21760, UM23-21761, UM24-21762, UM30-22587, UM31-22588; in WI, UM25) or state equivalent. This insurance has exclusions, limitations and reductions. Your United of Omaha Medicare supplement insurance policy will not pay for: any expense incurred before your policy date; services for which no charge is made when there is no insurance; or expense paid for by Medicare. An outline of coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except NY. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy (Plan A in TX) regardless of your age. In NC, premiums are based on attained age, which means they increase each year with age. Premiums may also change based on your class.

If you no longer wish to receive information from United of Omaha Life Insurance Company please click here to send a blank e-mail and unsubscribe from this list.

AFN43220

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY

MUTUAL *of* OMAHA

Medicare Supplement Insurance

Plan(s)	Monthly Rates
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**
Plan **[NAME]**	**[RATE]**

*[AGE, SEX, TOBACCO USAGE, ZIP CODE]
For illustration purposes only. DO NOT send money at this time; you cannot obtain coverage until you complete the application process.

Here are the monthly rates for our plans, based on the information you provided.*

Count on us for expert advice

To help you choose the Medicare Supplement plan that's right for you, submit a request online or call us at [(###) ###-####].

You can count on United of Omaha Life Insurance Company, a Mutual of Omaha Insurance company, for courteous, personal service you want and the experience you trust.

Get some piece of mind and the protection you're looking for. Connect with an agent by submitting a request online or for faster service call us at [(###) ###-####].

You'll Also Receive This Valuable FREE Booklet

Reply now and you'll also receive a free updated 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.

This fact-filled booklet can make all the difference in the months and years ahead. The Guide to Health Insurance for People with Medicare is also available from your state Department of Insurance or the Centers of Medicare and Medicaid Services.

Mutual of Omaha Insurance Company
Underwritten by: United of Omaha Life Insurance Company, a Mutual of Omaha Company
Mutual of Omaha Plaza | Omaha, NE 68175

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.

This is a solicitation of insurance and an agent may contact you by telephone. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24, UM30, UM31 (in ID, UM20-21698, UM23-21699, UM24-21700, UM30-22551, UM31-22552; in NC, UM20-21719NC, UM23-21720NC, UM24-21721NC, UM30-22567NC, UM31-22568NC; in OK, UM20-21746, UM23-21747, UM24-21748, UM30-22579, UM31-22580; in OR, UM20-21610, UM23-21613, UM24-21614, UM30-22543, UM31-22544; in TX, UM20-21760, UM23-21761, UM24-21762, UM30-22587, UM31-22588; in WI, UM25) or state equivalent. This insurance has exclusions, limitations and reductions. Your United of Omaha Medicare supplement insurance policy will not pay for: any expense incurred before your policy date; services for which no charge is made when there is no insurance; or expense paid for by Medicare. An outline of coverage is available upon request. United of Omaha Life Insurance Company is licensed nationwide except NY. In some states, if you receive Medicare benefits because of a disability, you may apply for a Medicare supplement insurance policy (Plan A in TX) regardless of your age. In NC, premiums are based on attained age, which means they increase each year with age. Premiums may also change based on your class.

If you no longer wish to receive information from United of Omaha Life Insurance Company please click here to send a blank e-mail and unsubscribe from this list.

AFN43221

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Filed	12/15/2010

Comments:

Attachment:

AR letter app.pdf

		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variability	Filed	12/15/2010

Comments:

Attachments:

AFN43218 (MoV).pdf
AFN43220 (MoV).pdf
AFN43221 (MoV).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL *of* OMAHA COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600

November 29, 2010

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
Medicare Supplement Advertising
Emails: AFN43218, AFN43220, AFN43221

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.

These advertisements are e-mails sent to potential Medicare Supplement customers who have submitted a quote request online.

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

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

Sincerely,

Product and Advertising Compliance
Regulatory Affairs

For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

kk

VARIABLE MATERIAL FOR ADVERTISING FORM
AFN43218

This e-mail will be generated after a potential client enters information for a quote to be e-mailed to them from one of these two pages:

1. *http://www.mutualofomaha.com/medicare-supplement-insurance/plan/quote.php?src=next-steps*

   or

2. *http://www.mutualofomaha.com/medicare-supplement/5/?r=mms*

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

Section	Explanation
Subject Line of the e-mail	***"Important Reminder"***
To: The address line for the recipient	Potential client's e-mail address, as provided
From: The address line for the sender	This will read as ***"United of Omaha Life Insurance Company"***
Dear [NAME], *First line below **Medicare Supplement Insurance** header*	Potential client's name
submitting a request *2nd paragraphs*	This is a link that takes the consumer to the Connect with an Agent page 1. *https://www.mutualofomaha.com/medicare-supplement-insurance/find-agent.php?src=title-bar&page=/plan/quote.php* or 2. *http://www.mutualofomaha.com/medicare-supplement/5/sendquote.php?src=rates&r=mms* based on the original page they entered their information into (see above)
[(###) ###-####] *2nd paragraph*	Agent's contact number
[AGENT NAME] **[AGENT TITLE]** *Closing below e-mail text*	Agent's name and title
Mutual of Omaha Insurance Company *Below the signature block*	This is a link that takes the consumer *www.MutualofOmaha.com*

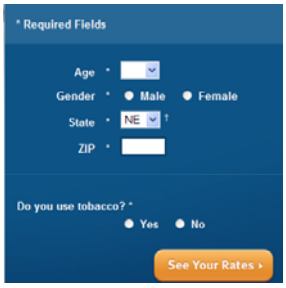
VARIABLE MATERIAL FOR ADVERTISING FORM
AFN43220

This e-mail will be generated after a potential client enters information for a quote to be e-mailed to them from one of these two pages:

1. *http://www.mutualofomaha.com/medicare-supplement-insurance/plan/quote.php?src=next-steps*

   or

2. *http://www.mutualofomaha.com/medicare-supplement/5/?r=mms*



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

Section	Explanation
Subject Line of the e-mail	***"Here's the quote you requested"***
To: The address line for the recipient	Potential client's e-mail address, as provided
From: The address line for the sender	This will read as ***"United of Omaha Life Insurance Company"***
Dear [NAME], *First line below **Medicare Supplement Insurance** header*	Potential client's name
submit a request *2nd paragraph*	This is a link that takes the consumer to the Connect with an Agent page 1. *https://www.mutualofomaha.com/medicare-supplement-insurance/find-agent.php?src=title-bar&page=/plan/quote.php* or 2. *http://www.mutualofomaha.com/medicare-supplement/5/sendquote.php?src=rates&r=mms* based on the original page they entered their information into (see above)
[(###) ###-####] *2nd paragraph*	Agent's contact number
[AGENT NAME] **[AGENT TITLE]** *Closing below e-mail text*	Agent's name and title
Plan [NAME] *1st column of the rate chart*	Each plan offered in the potential client's state would be listed.
[RATE] *2nd column of the rate chart*	Corresponding rates for the plans listed will be shown, based on the potential client's answers on the quoter pages.
[AGE, SEX, TOBACCO USAGE AND/OR ZIP CODE] *directly below the rate chart*	The potential client's responses to the questions on the quoter page will provide the information used to calculate the rate for each plan. ***(Only the options used in each state will be listed. If Age, Sex, Tobacco Usage and/or ZIP code are not rating factors in the state, they will not be listed below the rate chart.)***
Mutual of Omaha Insurance Company *Below the signature block*	This is a link that takes the consumer *www.MutualofOmaha.com*

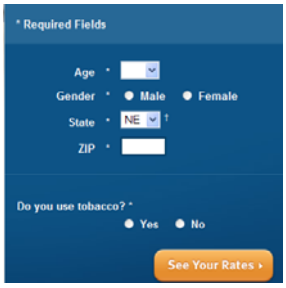
VARIABLE MATERIAL FOR ADVERTISING FORM
AFN43221

This e-mail will be generated after a potential client enters information for a quote to be e-mailed to them from one of these two pages:

1. *http://www.mutualofomaha.com/medicare-supplement-insurance/plan/quote.php?src=next-steps*

   or

2. *http://www.mutualofomaha.com/medicare-supplement/5/?r=mms*



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

Section	Explanation
Subject Line of the e-mail	***"Here's the quote you requested"***
To: The address line for the recipient	Potential client's e-mail address, as provided
From: The address line for the sender	This will read as ***"United of Omaha Life Insurance Company"***
Dear [NAME], *First line below **Medicare Supplement Insurance** header*	Potential client's name
submit a request *2nd paragraph*	This is a link that takes the consumer to the Connect with an Agent page 1. *https://www.mutualofomaha.com/medicare-supplement-insurance/find-agent.php?src=title-bar&page=/plan/quote.php* or 2. *http://www.mutualofomaha.com/medicare-supplement/5/sendquote.php?src=rates&r=mms* based on the original page they entered their information into (see above)
[(###) ###-####] *2nd paragraph*	Agent's contact number
[AGENT NAME] and **[AGENT TITLE]** *Closing below e-mail text*	Agent's name and title
Plan [NAME] *1st column of the rate chart*	Each plan offered in the potential client's state would be listed.
[RATE] *2nd column of the rate chart*	Corresponding rates for the plans listed will be shown, based on the potential client's answers on the quoter pages.
[AGE, SEX, TOBACCO USAGE AND/OR ZIP CODE] *directly below the rate chart*	The potential client's responses to the questions on the quoter page will provide the information used to calculate the rate for each plan. ***(Only the options used in each state will be listed. If Age, Sex, Tobacco Usage and/or ZIP code are not rating factors in the state, they will not be listed below the rate chart.)***
Graphic of Guide	Switch graphic yearly to current cover of Guide
Mutual of Omaha Insurance Company *Below the signature block*	This is a link that takes the consumer *www.MutualofOmaha.com*