

SERFF Tracking Number: UNTD-126919895 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 47532
Company Tracking Number: FORM 643-GAQR-10
TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium
Product Name: Group Annuity Administrative Fee Rider
Project Name/Number: 401(k) Admin Fee Rider/643-GAQR-10

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Group Annuity Administrative SERFF Tr Num: UNTD-126919895 State: Arkansas

Fee Rider

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num: 47532

Closed

Sub-TOI: A03G.002 Flexible Premium

Co Tr Num: FORM 643-GAQR-10

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Phyllis Gunter, Jake

Disposition Date: 12/15/2010

Curtiss, Lisa Lehan, Amy

Lawrenson, Shannon Taylor, Mick

Messbarger, Jeremy Christensen

Date Submitted: 12/14/2010

Disposition Status: Approved-

Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 401(k) Admin Fee Rider

Project Number: 643-GAQR-10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/15/2010

Deemer Date:

Submitted By: Jake Curtiss

Filing Description:

December 14, 2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/08/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 12/15/2010

Created By: Jake Curtiss

Corresponding Filing Tracking Number:

NAIC ID No. 261-69868

NE ID No. 76860

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Arkansas Department of Insurance

Filing Type: Administrative Fee Rider

Form Number: Form 643-GAQR-10

Dear Filing Analyst:

United of Omaha Life Insurance Company is updating the handling of expense listing in our Group Annuity Contracts. We are filing this rider, Form 643-GAQR-10, to modify the Administrative Fee section of our Group Annuity Contracts and Separate Account Riders. This Administrative Fee Section Rider will be used with the forms provided in the table below.

Form Number Approval Date

900-GAQC-97 10/24/1997 & 4/10/1998

901-GAQC-07 9/6/2007

902-GAQC-09 12/21/2009

625-GAQC-99 5/17/1999

625-GAQR-09 11/17/2009

Form 643-GAQR-10 is intended to be issued with all new business for Form 902-GAQC-09 and Form 625-GAQR-09 as well as to amend existing contracts using Forms 902-GAQC-09, 901-GAQC-07, 900-GAQC-97 and 625-GAQC-99 at the request of a contractholder wishing to modify the way that administrative expenses are paid. This Rider replaces the existing Section 5.01 which discusses Administrative Fees. Just like the current language in Forms 902-GAQC-09 and 625-GAQR-09, the Rider provides three (3) options for administrative fees: (1) flat fee custom pricing; (2) custom pricing with break points; and (3) rate card pricing. The applicable administrative fee provision will be the result of Contractholder negotiations.

This Rider will change the language in the provision to be used in custom priced contracts and contracts where the contractholder is billed directly for the administrative fees. The custom priced contract language is on the top of page two and denoted with additional variability to note these fees can be recalculated at any time, not just during the first contract year on initial deposits.

The direct bill language is at the bottom of page two and continues to page three of the Rider. The revised language will allow a contractholder to elect to pay administrative fees both directly using a separate direct billing and out of plan assets. This is in response to a customer request who has asked to pay a portion of the administrative fee directly while continuing to have the majority of the administrative fees paid out of plan assets. We could not accommodate this request using the current language in our filed form.

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Optional provisions are indicated by [brackets] while variable material is indicated by highlighting. Variable material is comprised of contract specific information such as effective date, issue date and contract number where we have used John Doe information to complete the fields. Where asset amounts and fee percentages are involved a range is indicated. The language used to allow for combining direct billing of administrative fees with billing out of plan assets is also shaded to indicate some variability as we modify to accomplish the contractholder's intentions.

This form is in final printed form and may be subject to change regarding paper stock, print style (not font size) and corporate logo. This form is new and does not contain any provisions which we know to be controversial by industry or company standards.

Thank you for considering this amendment for approval. In order to expedite your review process, should you have any questions please contact me at (800) 679-6019, ext. 6966, by fax at (402) 997-1901 or via e-mail at jake.curtiss@mutualofomaha.com.

Sincerely,

Jake Curtiss
Compliance Consultant
Retirement Plans Division
Mutual of Omaha

Company and Contact

Filing Contact Information

Jake Curtiss, Compliance Consultant jake.curtiss@mutualofomaha.com
Mutual of Omaha 402-351-4193 [Phone]
Mutual of Omaha Plaza 402-997-1901 [FAX]
Omaha, NE 68175-0001

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
10 - Retirement Plans Division Group Code: 261 Company Type: Life Insurance
Mutual of Omaha Plaza Group Name: State ID Number:
Omaha, NE 68175 FEIN Number: 47-0322111
(402) 351-6926 ext. [Phone]

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one rider = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	12/14/2010	42932317

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/15/2010	12/15/2010

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Disposition

Disposition Date: 12/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Administrative Fee Rider		Yes

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Form Schedule

Lead Form Number: 643-GAQR-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 643-GAQR-10	Policy/Cont Administrative Fee ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	Form 643-GAQR-10.pdf

ADMINISTRATIVE FEE RIDER NO. 1

This Rider, effective **December 1, 2010**, is made a part of **Group Annuity Contract Form SAVE-12345** and is subject to all provisions of such Contract not in conflict with the provisions of this Rider.

The Contract to which this Rider is attached is hereby amended as follows:

Section **5.01** of **ARTICLE V** is deleted in its entirety and the following Section **5.01** is substituted therefore:

5.01 Administrative Fee. An administrative fee will be assessed on the balance of the [Contract Fund] [Subaccount(s) and Maturity Account(s)]; such fee covers general Contract expenses including Contract distribution, administration, communications, investment consulting, accounting and trust expenses. The administrative fee may also cover any subsidy paid by United for the recordkeeping or other plan-related fees otherwise payable to any third party by the Contractholder or other related entity. [United reserves the unilateral right to change the administrative fee percentage or schedule under this Section 5.01 at any time, subject to the requirements of Section 3.07.]

[THE FOLLOWING PROVISION WILL BE USED IN CONTRACTS WITH FLAT FEE CUSTOM PRICING]

[The administrative fee percentage will be **zero to two point five percent (2.50%)** of the [Contract Fund balance] [Subaccount and Maturity Account balances]. The administrative fee will be calculated daily by dividing the administrative fee percentage by 365, then multiplying the quotient by the total amount of the [Contract Fund balance] [Subaccount and Maturity Account balances].]

[THE FOLLOWING PROVISION WILL BE USED IN CUSTOM PRICED CONTRACTS WITH BREAKPOINT SCHEDULES]

[The administrative fee will be determined according to the following schedule:

Total amount of all Contract Fund balances	Administrative fee percentage
\$0 to All Assets	0.00 to 2.50%

The administrative fee will be calculated daily by dividing the administrative fee percentage by 365, then multiplying the quotient by the total amount of the [Contract Fund balance] [Subaccount and Maturity Account balances under Contract **39G-00000**].



Mutual of Omaha

UNITED of OMAHA

Form 643-GAQR-10

[According to the schedule above, the administrative fee percentage will initially be determined based on the expected total amount of transferred assets to be deposited to the Contract. Transferred assets are monies paid to United by the Contractholder or another investment provider as a single sum on a nonrecurring basis and directed to the [Holding Account, Maturity Account(s) or Subaccount(s)] [Maturity Account(s), Subaccount(s) or Activity Account] under the Contract during the first Contract Year.] [Thereafter, as of][On] the first Business Day of each **December**, United will review the total amount of all [Contract Fund balance of this Contract] [Subaccount and Maturity Account balances under Contract(s) [39G-00000] [and] [SAVE-00000]] for purposes of determining the appropriate administrative fee percentage. The administrative fee percentage will be adjusted according to this schedule, if appropriate, to be effective as soon as administratively feasible after **January 1** of the immediately following calendar [year][month]. United will provide written notice of any adjustment in the administrative fee percentage.]

[THE FOLLOWING PROVISION WILL BE USED IN CONTRACTS WITH RATE CARD PRICING]

[The administrative fee will be determined according to the following schedule:

Transferred assets	Administrative fee percentage
\$0 to All Assets	0.00% to 2.50%

The administrative fee will be calculated daily by dividing the administrative fee percentage by 365, then multiplying the quotient by the total amount of the [Contract Fund balance] [Subaccount and Maturity Account balances under Contract **39G-00000**].

According to the schedule above, the administrative fee percentage will initially be determined based on the expected total amount of transferred assets to be deposited to the Contract. Transferred assets are monies paid to United by the Contractholder or another investment provider as a single sum on a nonrecurring basis and directed to the Holding Account, Maturity Account(s) or Subaccount(s) under the Contract. The administrative fee percentage may be adjusted according to this schedule once within the first twelve (12) months of the Contract term to reflect the actual total amount of transferred assets deposited to the Contract. United will provide advance written notice of any adjustment in the administrative fee percentage.]

[THE FOLLOWING PROVISION WILL BE USED IN CONTRACTS WHERE THE CONTRACTHOLDER IS BILLED DIRECTLY FOR THE ADMINISTRATIVE FEES]

[The administrative fee, or a portion thereof, will be directly billed to the Contractholder for payment. The direct billed portion of the administrative fee will be determined according to the following schedule:

Total amount of all Contract Fund balances*	Direct billed portion of the applicable fee
\$0 to All Assets	0.00% to 2.50%

Any portion of the administrative fees paid directly will not be deducted from plan assets. Statements will be sent to the Contractholder no more frequently than monthly and no less frequently than annually for payment. If any fees billed under this Contract remain unpaid sixty (60) days after the billing date, the Contractholder hereby directs United to deduct such fees from plan assets.]

UNITED OF OMAHA LIFE INSURANCE COMPANY



Corporate Secretary

12/14/2010

(Date)

* Call 1-800-679-6019 to present inquiries, obtain information about coverage and resolve complaints.

[Countersigned this ___ day of _____, _____:]

(Contractholder)

By _____
(Name)

(Title)]