

SERFF Tracking Number: MUTM-126496772 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 44816
Company Tracking Number: JAMIE LUCY
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UC7489
Project Name/Number: Medicare Supplement Advertising/UC7489

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7489 SERFF Tr Num: MUTM-126496772 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed State Tr Num: 44816

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler

Author: Jamie Lucy Disposition Date: 03/11/2010

Date Submitted: 02/11/2010 Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: UC7489

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/11/2010

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: 03/11/2010

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

Filing Description:

Please see cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs 402-351-2476 [Phone]

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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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	02/11/2010	34136877

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/11/2010	03/11/2010

SERFF Tracking Number: MUTM-126496772 *State:* Arkansas
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Disposition

Disposition Date: 03/11/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: UC7489

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/11/2010	UC7489	Advertising Postcard	Initial		0.000	UC7489.pdf

Guaranteed Issue Medicare Supplement Insurance Coverage

When you apply for a Medicare supplement during these situations, you don't answer health questions and your policy is guaranteed issued:

- Your employer is discontinuing your retiree group plan coverage
- Your Medicare Advantage Plan leaves your service area
- You leave a Medicare Advantage Plan within a year of joining and return to Original Medicare

Our Service Sets Us Apart

Enjoy these features of owning a Medicare supplement insurance policy from United of Omaha Life Insurance Company:

- No policy fee
- Virtually no claims to file
- Friendly knowledgeable service from our U.S.-based customer care team

FREE Premium Quote

For your no-obligation premium quote – including any applicable discount – on a United of Omaha Medicare supplement insurance policy, contact:

[Line 1]

[Line 2]

[Line 3]

[Line 4]

This is a solicitation of insurance and an insurance agent will contact you by telephone.

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. Medicare supplement insurance policy forms UM20, UM21, UM22, UM23, UM24 or state equivalent are underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. This insurance has exclusions, limitations and reductions. United of Omaha Life Insurance Company is licensed nationwide except in NY.

UC7489

We've got you covered.

GO PLAY!



UNITED OF OMAHA LIFE
INSURANCE COMPANY

A MUTUAL OF OMAHA COMPANY

[Agent's Agency Name]

[Agent's Name]

[Agent's Address]

[Agent's City, State ZIP]

**Guaranteed Issue Medicare
Supplement Insurance Coverage**

No health questions asked.

Turn over for details.

<i>SERFF Tracking Number:</i>	<i>MUTM-126496772</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44816</i>
<i>Company Tracking Number:</i>	<i>JAMIE LUCY</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement - Standard Plans 2010</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
<i>Product Name:</i>	<i>Medicare Supplement Advertising - UC7489</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/UC7489</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	cover letter	Filed	03/11/2010
Comments:			
Attachment:			
AR Letter - App.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variability	Filed	03/11/2010
Comments:			
Attachment:			
UC7489 (MoV).pdf			

UNITED of OMAHA

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



February 11, 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
Postcard: UC7489

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

We request that any wording such as the Agent's Name, Phone Number and Address 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 will 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

jl

**VARIABLE MATERIAL FOR ADVERTISING FORM
UC7489**

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

Section	Explanation
[Line 1]	Either the Agency Name or the Agent's Name will appear.
[Line 2]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone, Toll-Free Number or E-Mail Address .
[Line 3]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone, Toll-Free Number or E-Mail Address .
[Line 4]	Any one of the following variables relating to the agent may appear: Agency Name, Agent Name, Address, City/State, Telephone, Cell Phone, Toll-Free Number or E-Mail Address .

PLEASE NOTE: The variable sections of this form are set-up by the Home Office to assure that the correct information is printed.