

SERFF Tracking Number: MUTM-126521541 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45036
Company Tracking Number: STACEY PAYTON
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UC7488
Project Name/Number: Medicare Supplement Advertising Postcard/UC7488

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7488 SERFF Tr Num: MUTM-126521541 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 45036

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: STACEY PAYTON State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Author: Stacey Payton Disposition Date: 03/18/2010
Date Submitted: 03/01/2010 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising Postcard

Project Number: UC7488

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/18/2010

Status of Filing in Domicile: Not Filed

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: 03/18/2010

Created By: Stacey Payton

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Stacey Payton

Filing Description:

NAIC #261-69868

FEIN #47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

UC7488

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.

SERFF Tracking Number: MUTM-126521541 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45036
Company Tracking Number: STACEY PAYTON
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - UC7488
Project Name/Number: Medicare Supplement Advertising Postcard/UC7488

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,

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

sp

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Regulatory Affairs 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: \$50.00

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Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	03/01/2010	34500146

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/18/2010	03/18/2010

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Disposition

Disposition Date: 03/18/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Three reasons to own Medicare supplement insurance:

1. You keep your doctors and health care providers
2. You enjoy coverage for life as long as you pay your premiums on time
3. Your coverage is guaranteed issued during your Medicare open enrollment period – no health questions asked

Compare Companies Before You Buy

With a Medicare supplement insurance policy from United of Omaha Life Insurance Company, you enjoy these features:

- No policy fee
- Virtually no claims to file
- Friendly knowledgeable service from our U.S.-based customer care team
- Our competitive premiums plus any applicable discount can save you money

Find out how happy you can be with our Medicare supplement plan. Call today for more reasons to own a Medicare supplement and your free personalized premium quote.

[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.

UC7488

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]

Three reasons to own Medicare supplement insurance...and then some.

Turn over for details.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Memo of Variability	Filed	03/18/2010
Comments:		
Attachment: UC7488 (MoV).pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM

UC7488

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.