

SERFF Tracking Number: MUTM-126522881 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45058
Company Tracking Number: VERONICA BOOTH
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Advertising - GL610_0110
Project Name/Number: Long Term Care Advertising / GL610_0110

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-126522881 State: Arkansas
GL610_0110

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 45058

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: VERONICA BOOTH

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Author: Veronica Booth

Disposition Date: 03/10/2010

Date Submitted: 03/01/2010

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Long Term Care Advertising

Project Number: GL610_0110

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/10/2010

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: 03/10/2010

Created By: Veronica Booth

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Veronica Booth

Filing Description:

NAIC #: 261-69868

FEIN #: 47-0322111

United of Omaha Life Insurance Company

Long Term Care Advertising

GL610_0110

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.

This advertisement is a prospecting marketing piece that will be sent to a business owner/employer of a

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company/business to see if they are interested in adding our Long-Term Care insurance to their benefit package. The Long-Term Care product that will be offered to their employees is an individual product and not a group product.

We request that any information in brackets be considered variable.

Sincerely,

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

Company and Contact

Filing Contact Information

Veronica Booth, Senior Policy Drafting & Regulatory Assistant
Regulatory Affairs
Mutual of Omaha Plaza
Omaha, NE 68175
veronica.booth@mutualofomaha.com
402-351-4737 [Phone]
402-351-5298 [FAX]

Filing Company Information

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-6420 ext. [Phone]
CoCode: 69868
Group Code: 261
Group Name:
FEIN Number: 47-0322111
State of Domicile: Nebraska
Company Type: Life Insurance
State ID Number:

Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	03/01/2010	34516730

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	03/10/2010	03/10/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Letter	Veronica Booth	03/01/2010	03/01/2010

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Disposition

Disposition Date: 03/10/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Letter	Filed	Yes
Form	Letter	Replaced	Yes

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Amendment Letter

Submitted Date: 03/01/2010

Comments:

Revised to correct form name.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GL610_0110	Advertising	Letter	Initial				0.000	GL610_0110.pdf

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Form Schedule

Lead Form Number: GL610_0110

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
03/10/2010	0	Filed	GL610_011 Advertising Letter	Initial		0.000	GL610_0110.pdf

[Your Licensed Company Name Required]

[Agent Name]

[Agent Address]

[Agent City, State, ZIP]

[Agent Phone Number]

[Agent E-mail]

Invest in your business and your key employees

[Dear Business Owner/Employer or Name,]

Employees are your company's most important asset and in today's competitive job market it is important to reward, retain and invest in top talent. That's one reason employers are adding long-term care insurance to their benefits plans.

Your employees have worked hard to build their assets over the years. Should a long-term care event happen, how would they protect that savings? Long-term care insurance can be a critical component of any financial plan. A good financial plan will help protect assets, cover the cost of long-term care services and provide support for employees and their families. Perhaps it's time your organization considered this very important benefit.

Incorporating long-term care insurance into your benefits package is easy. Depending on your objectives, you can choose to offer this coverage as an employer-paid or a voluntary benefit, with minimal administration. By offering this coverage, you show employees and their families that you care about their well-being, and you support the future success of your company.

To learn more about how to include long-term care insurance in your employee benefits plan, please contact me.

Sincerely,

[Agent Name]

An Independent Licensed Agent

Long-term care insurance is underwritten by United of Omaha Life Insurance Company, a Mutual of Omaha company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy forms: LTC09U-5ML, LTC09U-10ML (or state equivalent) In ID: LTC09U-5ML-ID, LTC09U-10ML-ID, In OK: LTC09U-5ML-OK, LTC09U-10ML-OK, In OR: LTC09U-5ML-OR, LTC09U-10ML-OR, In PA: LTC09U-5ML-PA, LTC09U-10ML-PA, In TX: LTC09U-5ML-TX, LTC09U-10ML-TX, In WA: LTC09U-5ML-WA, LTC09U-10ML-WA. These policies have exclusions, limitations and reductions. This is a solicitation of insurance. You may be contacted by telephone by an insurance agent.



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

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/01/2010	Form	Letter	03/01/2010	GL610_0110.pdf