

*SERFF Tracking Number:* MUTM-126544058      *State:* Arkansas  
*Filing Company:* United of Omaha Life Insurance Company      *State Tracking Number:* 45343  
*Company Tracking Number:* PHILIP BOLL  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* 2010 UMS-WL Combo App Producer Statement Revision  
*Project Name/Number:* 2010 UMS-WL Combo App Producer Statement Revision/

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2010 UMS-WL Combo App      SERFF Tr Num: MUTM-126544058 State: Arkansas  
 Producer Statement Revision

TOI: L071 Individual Life - Whole      SERFF Status: Closed-Approved- State Tr Num: 45343  
 Closed

Sub-TOI: L071.101 Fixed/Indeterminate      Co Tr Num: PHILIP BOLL      State Status: Approved-Closed  
 Premium - Single Life

Filing Type: Form      Reviewer(s): Linda Bird

Authors: Mary Cleasby, Shelly      Disposition Date: 04/07/2010

Kaipust, Kim Meyerring, Stacey

Payton, Mary Gregg, Krysia

Gannon, Ellen Cochran, Kristin

Miller, Philip Boll

Date Submitted: 04/02/2010      Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: 2010 UMS-WL Combo App Producer Statement  
 Revision

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/07/2010

Explanation for Other Group Market Type:

State Status Changed: 04/07/2010

Deemer Date:

Created By: Ellen Cochran

Submitted By: Stacey Payton

Corresponding Filing Tracking Number:

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
Company Tracking Number: PHILIP BOLL  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

**Filing Description:**

RE: United of Omaha Life Insurance Company  
NAIC #: 261-69868 FEIN: 47-0322111  
Individual Life Insurance  
D074LNA10A Whole Life Insurance/Medicare Supplement Addendum

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned form in final printed format for review and approval. Form D074LNA10A is new and is not intended to replace any previously approved form.

Form D074LNA10A will be used as a supplement to application form UA5916-03, which your department approved on May 28, 2008. Form D074LNA10A contains two questions for the producer. The questions serve as the producer's statement regarding the replacement of life insurance policies during the proposed insurance transaction.

The Flesch score of this form meets or exceeds your state's Flesch readability requirements.

The required filing materials are enclosed. Thank you for your consideration of this submission. Feel free to contact me if you have any questions or concerns.

Sincerely,

Philip Boll  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-2449  
Fax: 402-351-5298  
E-mail: Philip.Boll@mutualofomaha.com

**Company and Contact**

**Filing Contact Information**

Philip Boll, Product & Advertising Compliance Analyst philip.boll@mutualofomaha.com  
Mutual of Omaha 402-351-2449 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

**Filing Company Information**

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
 Company Tracking Number: PHILIP BOLL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
 Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

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	04/02/2010	35345978

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
Company Tracking Number: PHILIP BOLL  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/07/2010	04/07/2010

*SERFF Tracking Number:* MUTM-126544058      *State:* Arkansas  
*Filing Company:* United of Omaha Life Insurance Company      *State Tracking Number:* 45343  
*Company Tracking Number:* PHILIP BOLL  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* 2010 UMS-WL Combo App Producer Statement Revision  
*Project Name/Number:* 2010 UMS-WL Combo App Producer Statement Revision/

## **Disposition**

Disposition Date: 04/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
 Company Tracking Number: PHILIP BOLL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
 Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cert of Compliance		Yes
Supporting Document	Fee Schedule		Yes
Form	Whole Life Insurance/Medicare Supplement Addendum		Yes

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
 Company Tracking Number: PHILIP BOLL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
 Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

## Form Schedule

**Lead Form Number: D074LNA10A**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	D074LNA10A	Application/Whole Life Enrollment Form	Insurance/Medicare Supplement Addendum	Initial			D074LNA10A.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY



## Producer Statement Supplement to the Life Insurance Application

### Producer:

**Please complete the following information for applicants applying for life insurance along with United of Omaha Life Insurance Company Application for Medicare Supplement Coverage or based on a previously approved United of Omaha Life Insurance Company Application for Medicare Supplement Coverage.**

This Producer Statement Supplement to the Life Insurance Application, along with the application for Medicare Supplement, will attach to and become a part of the life insurance policy.

Applicant	Applicant B (if applying for coverage)
Medicare Supplement Policy Number	Medicare Supplement Policy Number

### PRODUCER STATEMENT

Has any person proposed for insurance informed you, the Producer(s), that he/she has one or more existing life insurance policies and/or annuity contracts in force?.....  Yes  No

If "Yes," give name(s) of the Proposed Insured(s) \_\_\_\_\_

Do you, the Producer(s), have any reason to believe any life insurance policy applied for has replaced or will replace any proposed insured's life insurance policy and/or annuity contract? .....  Yes  No

If "Yes," give name(s) of the Proposed Insured(s) \_\_\_\_\_

\_\_\_\_\_  
(Signature of Licensed Producer)

\_\_\_\_\_  
(Signature of Licensed Producer)

\_\_\_\_\_  
PRODUCER STAMP

\_\_\_\_\_  
PRODUCER STAMP

SERFF Tracking Number: MUTM-126544058 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45343  
 Company Tracking Number: PHILIP BOLL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 2010 UMS-WL Combo App Producer Statement Revision  
 Project Name/Number: 2010 UMS-WL Combo App Producer Statement Revision/

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR Read Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cert of Compliance		
<b>Comments:</b>		
<b>Attachment:</b> AR Certif of Compliance with Rule 19.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Fee Schedule		
<b>Comments:</b>		
<b>Attachment:</b>		

*SERFF Tracking Number:* MUTM-126544058      *State:* Arkansas  
*Filing Company:* United of Omaha Life Insurance Company      *State Tracking Number:* 45343  
*Company Tracking Number:* PHILIP BOLL  
*TOI:* L071 Individual Life - Whole      *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

*Product Name:* 2010 UMS-WL Combo App Producer Statement Revision  
*Project Name/Number:* 2010 UMS-WL Combo App Producer Statement Revision/  
AR Fee Schedule Cert .pdf

**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
D074LNA10A	Application Supplement	51.0*

\*When scored with the base policy

United of Omaha Life Insurance Company

---

Date: April 2, 2010



---

Daniel J. Kennelly  
Vice President & Chief Compliance Officer

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: United of Omaha Life Insurance Company

Form Number(s): D074LNA10A

I hereby certify, to the best of my knowledge and belief, that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

  
\_\_\_\_\_  
Signature of Company Officer

Daniel J. Kennelly

\_\_\_\_\_  
Name

Vice President & Chief Compliance Officer

\_\_\_\_\_  
Title

April 2, 2010

\_\_\_\_\_  
Date

ARKANSAS  
INSURANCE  
DEPARTMENT

400 University Tower Building  
1123 South University Ave.  
Little Rock, Arkansas 72204

Lee Douglass  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Philip Boll

402-351-2449

INSURANCE DEPARTMENT USE ONLY:

ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.**

**FEE SCHEDULE FOR ADMITTED INSURERS**

**RATE/FORM FILINGS**

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

\* 1 X \$50 = \$ 50.00

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

\* \_\_\_\_\_ X \$50 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

\* \_\_\_\_\_ X \$20 = \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

\* \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_

\*\*Retaliatory \$ \_\_\_\_\_

**AMEND CERTIFICATE OF AUTHORITY**

Review and processing of information to amend an Insurer's Certificate of Authority

\* \_\_\_\_\_ X \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ X \$100 = \_\_\_\_\_

**\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

**\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

**\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**