

SERFF Tracking Number: MUTM-126617343 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 45600
Company Tracking Number: KAREN HOWLAND
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long-Term Care Advertising - MRC32093_0605
Project Name/Number: Long-Term Care Advertising/MRC32093_0605

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long-Term Care Advertising - SERFF Tr Num: MUTM-126617343 State: Arkansas
MRC32093_0605

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 45600

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: KAREN HOWLAND

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett, Harris
Shearer

Author: Karen Howland

Disposition Date: 05/12/2010

Date Submitted: 05/06/2010

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Long-Term Care Advertising

Status of Filing in Domicile:

Project Number: MRC32093_0605

Date Approved in Domicile:

Requested Filing Mode:

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: 05/12/2010

Explanation for Other Group Market Type:

State Status Changed: 05/12/2010

Deemer Date:

Created By: Karen Howland

Submitted By: Karen Howland

Corresponding Filing Tracking Number:

Filing Description:

NAIC #261-71412

FEIN #47-0246511

Mutual of Omaha Insurance Company

Long-Term Care Advertising

MRC32093_0605

MRC32093-1_0605 (Reply Card)

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.

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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

kh

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

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6420 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$100.00	05/06/2010	36283494

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/12/2010	05/12/2010

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Disposition

Disposition Date: 05/12/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item	Schedule Item Status	Public Access
	Self-Mailer & Reply Card		Yes

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Form Schedule

Lead Form Number: MRC32093_0605

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MRC32093_0605, MRC32093-1_0605	Advertising	Self-Mailer & Reply Card	Initial			mrc32093_0605.pdf



MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175



Mutual of Omaha

Independence.
Family relationships.
Financial freedom.

Long-term care insurance helps you
protect these things and more.

MRC32093_0605

Long-term care insurance gives you choices.

- The choice to receive quality care in your home
- The choice not to impose or rely on family and friends to provide the care you need
- The choice to spend your life savings on things like travel, hobbies or grandchildren



MUTUAL of OMAHA'S
WILD KINGDOM
on Animal Planet



OFFICIAL SPONSOR

People who need long-term care no longer have to enter a nursing home. Now if you require nursing care or help with things like shopping, meal preparation, bathing and dressing, you can receive this assistance at home.

Long-Term Care Insurance
Underwritten by:
MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

Long-term care insurance helps you get the services you need in a setting that's right for you. Fill out and return the attached reply card to learn more.

Long-Term Care Insurance policy forms LTC041-TQ, LTC041-NTQ, LTC041-AG-TQ, LTC041-AG-NTQ; in OK, LTC041-TQ-OK, LTC041-NTQ-OK, LTC041-AG-TQ-OK, LTC041-AG-NTQ-OK; in ID, LTC041-1PLTQ-BR-ID, LTC041-2PLTQ-BR-ID, LTC041-1PLNTQ-BR-ID, LTC041-2PLNTQ-BR-ID, LTC041-1PLTQ-BR-ID, LTC041-2PLTQ-BR-ID, LTC041-1PLNTQ-BR-ID, LTC041-2PLNTQ-BR-ID; in OR, LTC041-1PLTQ-BR-OR, LTC041-2PLTQ-BR-OR, LTC041-1PLNTQ-BR-OR, LTC041-2PLNTQ-BR-OR, LTC041-AG-1PLTQ-BR-OR, LTC041-AG-2PLTQ-BR-OR, LTC041-AG-1PLNTQ-BR-OR, LTC041-AG-2PLNTQ-BR-OR, or state equivalent underwritten by **Mutual of Omaha Insurance Company**, Mutual of Omaha Plaza, Omaha, NE 68175-0001. These policies have exclusions, limitations and reductions. By returning the attached reply card, you are requesting to have a licensed insurance agent contact you by telephone to provide additional information. This is used as a source of leads in the solicitation of insurance.

In CA, an insurance agent will contact you.

MRC32093_0605

Yes, I would like more information about long-term care insurance from Mutual of Omaha Insurance Company.

(please print)

Name _____

Address _____

City _____ State _____ ZIP _____

Phone (home) _____ (work) _____

E-mail address _____

Your date of birth _____

Spouse's date of birth, if applicable _____

By returning this form, you are requesting to have a licensed insurance agent contact you by telephone to provide additional information.

In CA, an insurance agent will contact you.

Long-Term Care Insurance policy forms LTC041-TQ, LTC041-NTQ, LTC041-AG-TQ, LTC041-AG-NTQ; in OK, LTC041-TQ-OK, LTC041-NTQ-OK, LTC041-AG-TQ-OK, LTC041-AG-NTQ-OK; in ID, LTC041-1PLTQ-BR-ID, LTC041-2PLTQ-BR-ID, LTC041-1PLNTQ-BR-ID, LTC041-2PLNTQ-BR-ID, LTC041-1PLTQ-BR-ID, LTC041-AG-2PLTQ-BR-ID, LTC041-AG-1PLNTQ-BR-ID, LTC041-AG-2PLNTQ-BR-ID; in OR, LTC041-1PLTQ-BR-OR, LTC041-2PLTQ-BR-OR, LTC041-1PLNTQ-BR-OR, LTC041-2PLNTQ-BR-OR, LTC041-AG-1PLTQ-BR-OR, LTC041-AG-2PLTQ-BR-OR, LTC041-AG-1PLNTQ-BR-OR, LTC041-AG-2PLNTQ-BR-OR, or state equivalent underwritten by **Mutual of Omaha Insurance Company**, Mutual of Omaha Plaza, Omaha, NE 68175-0001. This is used as a source of leads in the solicitation of insurance.

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