

SERFF Tracking Number: MUTM-126669163 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45912  
Company Tracking Number: JAMIE LUCY  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.010 Plan M 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Advertising - UC7640  
Project Name/Number: Medicare Supplement Advertising/UC7640

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7640 SERFF Tr Num: MUTM-126669163 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 45912

Sub-TOI: MS08I.010 Plan M 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed  
Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
Author: Jamie Lucy Disposition Date: 06/11/2010  
Date Submitted: 06/10/2010 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising  
Project Number: UC7640  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 06/11/2010

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: 06/11/2010  
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	

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**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	06/10/2010	37137304

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	06/11/2010	06/11/2010

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## **Disposition**

Disposition Date: 06/11/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: UC7640**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 06/11/2010	UC7640	Advertising Print Advertisement	Initial		0.000	UC7640.pdf

# Be happy with Medicare supplement Plan M or N.

Medicare supplement insurance Plans M and N are generally lower-priced than other plans for a simple reason: You help pay more of the out-of-pocket costs Medicare doesn't cover, such as deductibles and coinsurance.

## Compare Our Rates and Save!



### United of Omaha Life Insurance Company Medicare Supplement Monthly Premium\*

[State, ZIP codes or ZIP codes beginning with ###]	Age	Plan [Name]	Plan [Name]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]
	[Age]	[Rate]	[Rate]

\*Sample base rates; [sex specific rate disclosure];  
[appropriate state rate disclosure]

For your free personalized rate quote, contact:

[Line 1]  
[Line 2]  
[Line 3]  
[Line 4]

We've got you covered. **GO PLAY!**



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

**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 UM30, UM31 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.

UC7640

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	cover letter	Filed-Closed	06/11/2010
<b>Comments:</b>			
<b>Attachment:</b>			
AR Letter App.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Memorandum of Variability	Filed-Closed	06/11/2010
<b>Comments:</b>			
<b>Attachment:</b>			
UC7640 (MoV).pdf			

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



June 10, 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  
UC7640

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 is a print advertisement that will be used to advertise a sample monthly premium. The print advertisement contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact our home office to request the ad be set up and printed. The home office will be responsible for inputting the correct variable information including the current premium and providing the final printed copy.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Product and Advertising Compliance  
Regulatory Affairs

**For questions, please contact Carly Cole**

Phone: 402-351-2476; Fax: 402-351-5298

Email: [advfilings@mutualofomaha.com](mailto:advfilings@mutualofomaha.com)

jl

# VARIABLE MATERIAL FOR ADVERTISING FORM UC7640

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

Section	Explanation
<b>[State, ZIP Codes or ZIP Codes Beginning With ###]</b> <i>1<sup>st</sup> column of the rate chart</i>	The State, ZIP code or ZIP codes being marketed will be shown.
<b>[Age]</b> <i>2<sup>nd</sup> column of the rate chart</i>	Up to 3 ages, between <65 to 90> may be shown.  <b>(The "Age" column will be removed from states that are not age rated.)</b>
<b>Plan [Name]</b> <i>Header of the 3<sup>rd</sup> and 4<sup>th</sup> columns of the rate chart</i>	One or both of our approved Medicare Supplement plans will be shown.
<b>[Rate]</b> <i>3<sup>rd</sup> column, second, third and fourth row of the rate chart</i>	Up to 3 of the currently approved rate(s) for the plan(s), age(s) and ZIP code(s) will be shown.
<b>[sex specific rate disclosure]</b> <i>directly below the rate chart</i>	<p>If female rates are used, the disclosure will read "Female rates (male rates may be higher)."</p> <p>If male rates are used, the disclosure will read "Male rates (female rates generally lower)."</p> <p><b>(Neither option will be printed on states that are not gender rated.)</b></p>
<b>[appropriate state rate disclosure]</b> <i>directly below the rate chart</i>	<p><b>AR</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.</p> <p><b>CT</b> – Rates are subject to change.</p> <p><b>TN, WV</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change. Lower rates may apply, if eligible.</p> <p><b>GA, IA, IL, IN, KY, MI, MS, NV, OH, SC, VA</b> – nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code. Lower rates may apply, if eligible.</p>

## Contact Information

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

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