

SERFF Tracking Number: MUTM-126980037 State: Arkansas
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 47680
Company Tracking Number: KELLY KRUMWIED
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Long Term Care Advertising - AFN43247
Project Name/Number: Long Term Care Advertising/AFN43247

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-126980037 State: Arkansas
AFN43247

TOI: LTC03I Individual Long Term Care SERFF Status: Closed-Filed- State Tr Num: 47680
Closed

Sub-TOI: LTC03I.001 Qualified Co Tr Num: KELLY KRUMWIED State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Harris Shearer,
Stephanie Fowler

Author: Kelly Krumwied Disposition Date: 01/27/2011
Date Submitted: 01/11/2011 Disposition Status: Filed-Closed
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Long Term Care Advertising

Project Number: AFN43247

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Kelly Krumwied

Filing Description:

Please see cover letter under supporting documentation tab.

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/27/2011

State Status Changed: 01/27/2011

Created By: Kelly Krumwied

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Mutual of Omaha 402-351-2476 [Phone]

Mutual of Omaha Plaza 402-351-5298 [FAX]

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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: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	01/11/2011	43665261

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/27/2011	01/27/2011

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Disposition

Disposition Date: 01/27/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	Memorandum of Variability		Yes
Form	Email		Yes

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Form Schedule

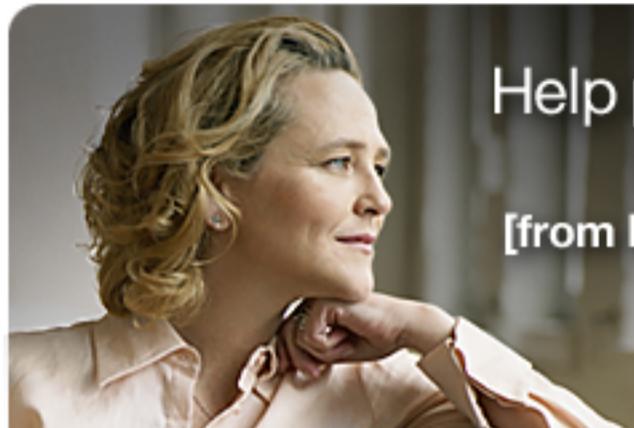
Lead Form Number: AFN43247

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AFN43247	Advertising Email	Initial			AFN43247 (brackets).pdf

MUTUAL of OMAHA



[The purpose of this communication is the solicitation of insurance.
Contact will be made by an insurance agent or insurance company.]



Help protect what's important with **Long-Term Care Insurance** [from Mutual of Omaha Insurance Company]

Request your free guide

It's natural to have questions.
And now it's easy to get the
answers! Call 1-800-596-9514
or request your [Free Guide](#).



Dear [Name],

Even though we're hearing more about it these days, it still seems confusing and complicated for many. *What's covered and what isn't? Why do experts recommend it for some people - but not for others? Which type of plan is best for me?*

[Request your free copy](#) of *A Shopper's Guide To Long-Term Care Insurance*.

It's yours free and without obligation, compliments of Mutual of Omaha Insurance Company.

Don't wait. Because the more you know about long-term care, the better prepared you'll be! **Call 1-800-596-9514** or [request your free guide](#).

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza | Omaha, NE 68175

If you no longer wish to receive information from Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175, please [click here](#) to send a blank e-mail and unsubscribe from this list.

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. Policy forms LTC09M, LTC09M-AG (or state equivalent) In ID: LTC09M-ID, LTC09M-AG-ID, In NY: LTC09M-NY, LTC09M-AG-NY, In OK: LTC09M-OK, LTC09M-AG-OK, In OR: LTC09M [-AG, -5ML, -10ML]-OR, In PA: LTC09M-PA, LTC09M-AG-PA, In TX: LTC09M-TX, LTC09M-AG-TX, In WA: LTC09M-WA, LTC09M-AG-WA. Policies have exclusions and limitations. This is a solicitation of insurance. By responding you are requesting to have an insurance agent* contact you to provide additional information. *In WA: producer.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
AR letter app.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Memorandum of Variability		
Comments:			
Attachment:			
VM-AFN43247.pdf			



MUTUAL OF OMAHA INSURANCE COMPANY

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

January 11, 2011

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #: 261-71412
FEIN #: 47-0246511
Mutual of Omaha Insurance Company
Long Term Care Advertising
Email: AFN43247

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.

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,

Product and Advertising Compliance
Regulatory Affairs

For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

kk

VARIABLE MATERIAL FOR ADVERTISING FORM

Form Number: AFN43247

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

Section

[The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.]
[from Mutual of Omaha Insurance Company]

[Name]

Explanation

This is a requirement for the state of NH and will only be shown on emails going to that state.

This will appear only for states that require the full name of the underwriting company to be in close conjunction to the company logo (e.g. NM).

This will be the person's name that is receiving the email.