

SERFF Tracking Number: MUTM-126998443 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 47771  
Company Tracking Number: MARYJO GOODWIN  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Mutual  
Project Name/Number: 2010 Duplicate Medicare Supplement Policy Annual Report/Annual Report

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2010 Duplicate Medicare Supplement Policy Annual Report - Mutual SERFF Tr Num: MUTM-126998443 State: Arkansas

Supplement Policy Annual Report - Mutual

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Accepted State Tr Num: 47771

For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: MARYJO GOODWIN State Status: Filed-Closed  
Other

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Helen Curry , Shelly

Disposition Date: 01/25/2011

Kaipust, Krysia Gannon

Date Submitted: 01/24/2011

Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: 2010 Duplicate Medicare Supplement Policy Annual Report

Status of Filing in Domicile:

Project Number: Annual Report

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/25/2011

State Status Changed: 01/25/2011

Deemer Date:

Created By: Krysia Gannon

Submitted By: Krysia Gannon

Corresponding Filing Tracking Number:

Filing Description:

Mutual of Omaha Insurance Company - 261-71412

RE: Reporting Multiple Medicare Supplemental Policies

This form is to report information on each resident of this state who has in force more than one Medicare Supplement policy or certificate.

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Sheri Toms  
 Manager

## Company and Contact

### Filing Contact Information

Michelle Kaipust, Senior Policy Drafting and Regulatory Assistant shelly.kaipust@mutualofomaha.com  
 Mutual of Omaha 402-351-8391 [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) 351-6910 ext. [Phone] FEIN Number: 47-0246511  
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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$0.00	01/24/2011	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/25/2011	01/25/2011

*SERFF Tracking Number:*      *MUTM-126998443*                      *State:*                      *Arkansas*  
*Filing Company:*              *Mutual of Omaha Insurance Company*              *State Tracking Number:*      *47771*  
*Company Tracking Number:*      *MARYJO GOODWIN*  
*TOI:*                      *MS06 Medicare Supplement - Other*              *Sub-TOI:*                      *MS06.000 Medicare Supplement - Other*  
*Product Name:*                      *2010 Duplicate Medicare Supplement Policy Annual Report - Mutual*  
*Project Name/Number:*              *2010 Duplicate Medicare Supplement Policy Annual Report/Annual Report*

## **Disposition**

Disposition Date: 01/25/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Multiple Medicare Supplement Policies Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not applicable as this is a Medicare Supplement Annual Report filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable as this is a Medicare Supplement Annual Report filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not applicable as this is a Medicare Supplement Annual Report filing. <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable as this is a Medicare Supplement Annual Report filing. <b>Comments:</b>		
<b>Satisfied - Item:</b> Multiple Medicare Supplement Policies Report <b>Attachment:</b> AR Mutual Med Supp Ltr. 2011.pdf <b>Comments:</b>	Accepted for Informational Purposes	01/25/2011

# MUTUAL OF OMAHA INSURANCE COMPANY

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



## REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

January 14, 2011

Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, AR 72201-1904

Mutual of Omaha

This form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is by individual policyholder.

**Name/Policy #**

**Date of Issue**

None

Sheri Toms  
Manager  
Underwriting

mjg