

SERFF Tracking Number: MUTM-127297896 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50083
Company Tracking Number: JOANNE NAJDZIN
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: LTC New Inflation Protection Riders - 0NB2U
Project Name/Number: LTC New Inflation Protection Riders/0NB2U

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: LTC New Inflation Protection Riders - 0NB2U
SERFF Tr Num: MUTM-127297896 State: Arkansas

TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Form/Rate

SERFF Status: Closed-Approved State Tr Num: 50083

Co Tr Num: JOANNE NAJDZIN

State Status: Approved-Closed

Reviewer(s): Donna Lambert

Authors: Mary Cleasby, Shelly

Disposition Date: 10/24/2011

Kaipust, Sofia Kuehn, Jan Serafini,

Kurt Vangreen, Mary Gregg, Jaime

Mosqueda, Gilbert Burket, Krysia

Gannon, Ellen Cochrane, Melanie

Worth, Robyn Gonzales, Joanne

Najdzin, Kristin Miller, Luther

Mardock, Neil Sandhoefner, Shirley

McPhaul

Date Submitted: 10/21/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/24/2011

State Filing Description:

General Information

Project Name: LTC New Inflation Protection Riders

Project Number: 0NB2U

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/24/2011

State Status Changed: 10/24/2011

Created By: Mary Gregg

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mary Gregg

Filing Description:

NAIC # 261-69868

Individual Long-Term Care Insurance -- Tax-Qualified

SERFF Tracking Number: MUTM-127297896 State: Arkansas
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Compound Inflation Protection -- Lifetime Benefit Rider 0NB2U
Compound Inflation Protection Benefit With Buy Up Option Rider 0NB3U
Compound Inflation Protection -- 20 Year Benefit Rider 0NB4U
Compound Inflation Protection Benefit With Maximum Increase Cap Rider 0NB5U
Simple Inflation Protection Rider 0NB6U
Future Purchase Option Rider 0NB7U
Graded Compound Inflation Protection Rider - 3% 0NB8U
Graded Compound Inflation Protection Rider - 5% 0NB9U
Actuarial Memorandum and Rate Schedules

The above-listed long-term care insurance riders and rates are attached for filing with your Department. These riders are new and will replace the following riders which were approved by your Department on 04/09/2009, under SERFF tracking number MUTM-126014392:

0MF0U - Compound Inflation Protection -- Lifetime Benefit Rider
0MC4U - Compound Inflation Protection Benefit With Buy Up Option Rider
0MC5U - Compound Inflation Protection -- 20 Year Benefit Rider
0MC7U - Compound Inflation Protection Benefit With Maximum Increase Cap Rider
0MC3U - Simple Inflation Protection Rider
0MG1U - Future Purchase Option Rider
0MC8U - Graded Compound Inflation Protection Rider - 3%
0MC9U - Graded Compound Inflation Protection Rider - 5%

The language in our new riders is identical to the previously approved versions. However, we have assigned new form numbers to these riders due to updated rate experience, as described in the actuarial memorandum. These riders will only be used for new business sales.

The new riders will be used with long-term care insurance policy LTC09U[-AG, -5ML, -10ML]-AR, which was approved by your Department on 04/09/2009 under the same SERFF tracking number.

The inflation protection riders are optional, and their associated premiums are included in the actuarial materials. The Compound Inflation Protection -- Lifetime Benefit Rider will always be offered. The other riders are inflation protection variations. The Future Purchase Option Rider provides the option to purchase the Compound Inflation Protection -- Lifetime Benefit Rider up to the fifth policy anniversary date with minimal underwriting if such option was initially declined.

We will update the graphic demonstration of premium increases in the outline of coverage to reflect the updated experience.

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We are submitting a substantially similar long-term care filing for our affiliate, Mutual of Omaha Insurance Company, under SERFF tracking number MUTM-127297726.

Your review and approval of this submission will be greatly appreciated. Please contact me with any questions or concerns.

Sincerely,

Joanne Najdzin
Senior Product and Advertising Compliance Analyst
Corporate Compliance and Ethics Division
Phone: 402-351-2471
Fax: 402-351-5298
E-mail: Joanne.Najdzin@mutualofomaha.com

Company and Contact

Filing Contact Information

Joanne Najdzin, Product & Advertising Compliance Analyst
joanne.najdzin@mutualofomaha.com
Mutual of Omaha 402-351-2471 [Phone]
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) 351-6910 ext. [Phone] FEIN Number: 47-0322111

Filing Fees

Fee Required? Yes
Fee Amount: \$450.00
Retaliatory? No

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Product Name: LTC New Inflation Protection Riders - 0NB2U
Project Name/Number: LTC New Inflation Protection Riders/0NB2U
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$450.00	10/21/2011	53051412

SERFF Tracking Number: MUTM-127297896 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/24/2011	10/24/2011

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Disposition

Disposition Date: 10/24/2011
 Implementation Date: 11/24/2011
 Status: Approved
 Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United of Omaha Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Form	Compound Inflation Protection -- Lifetime Benefit Rider	Approved	Yes
Form	Compound Inflation Protection Benefit With Buy Up Option Rider	Approved	Yes
Form	Compound Inflation Protection -- 20 Year Benefit Rider	Approved	Yes
Form	Compound Inflation Protection Benefit With Maximum Increase Cap Rider	Approved	Yes
Form	Simple Inflation Protection Rider	Approved	Yes
Form	Future Purchase Option Rider	Approved	Yes
Form	Graded Compound Inflation Protection Rider - 3%	Approved	Yes
Form	Graded Compound Inflation Protection Rider - 5%	Approved	Yes
Rate	Exhibit A - LTC09 Premiums - UOO	Approved	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/24/2011	0NB2U	Policy/Cont ract/Fratern al	Compound Inflation Protection -- Lifetime Benefit Rider	Initial		0.000	0NB2U Comp Infl Prot--Lifetime Ben Rider.pdf
Approved 10/24/2011	0NB3U	Policy/Cont ract/Fratern al	Compound Inflation Protection Benefit With Buy Up Option	Initial		0.000	0NB3U Comp Infl Prot Ben with Buy Up Option Rider.pdf
Approved 10/24/2011	0NB4U	Policy/Cont ract/Fratern al	Compound Inflation Protection -- 20 Year Benefit Rider	Initial		0.000	0NB4U Comp Infl Prot--20 Year Ben Rider.pdf
Approved 10/24/2011	0NB5U	Policy/Cont ract/Fratern al	Compound Inflation Protection Benefit With Maximum Certificate: Increase Cap Rider	Initial		0.000	0NB5U Comp Infl Prot Ben with Max Increase

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		Amendmen t, Insert Page, Endorseme nt or Rider			Cap Rider.pdf
Approved 10/24/2011	0NB6U	Policy/Cont Simple Inflation ract/Fratern Protection Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	0NB6U Simple Inflation Protection Rider.pdf
Approved 10/24/2011	0NB7U	Policy/Cont Future Purchase ract/Fratern Option Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	0NB7U Future Purchase Option Rider.pdf
Approved 10/24/2011	0NB8U	Policy/Cont Graded Compound ract/Fratern Inflation Protection al Rider - 3% Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	0NB8U Graded Comp Inflation Prot Rider - 3%.pdf
Approved 10/24/2011	0NB9U	Policy/Cont Graded Compound ract/Fratern Inflation Protection al Rider - 5% Certificate: Amendmen t, Insert	Initial	0.000	0NB9U Graded Comp Inflation Prot Rider - 5%.pdf

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Endorseme
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UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION -- LIFETIME BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the date shown in the Policy Schedule.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection – Lifetime Benefit.

Compound Inflation Protection Starting Date means the Policy Anniversary Date next following the effective date of this rider. However, if the effective date of this rider is the Policy Effective Date, the Compound Inflation Protection Starting Date is the first Policy Anniversary Date.

COMPOUND INFLATION PROTECTION – LIFETIME BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date from and after the Compound Inflation Protection Starting Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date from and after the Compound Inflation Protection Starting Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

TERMINATION

Voluntary Termination

This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy;
- (c) the date any Flex-to-Age-85SM rider attached to the policy is terminated; or
- (d) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance
Company

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION BENEFIT WITH BUY UP OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection Benefit with Buy Up Option.

Final Buy Up Option Date means the Policy Anniversary Date coinciding with or next following the date you reach the age shown in the Policy Schedule for the Compound Inflation Protection Benefit with Buy Up Option.

COMPOUND INFLATION PROTECTION BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Effect on Premiums

Except when you elect the Buy Up Option, the premium for the policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

BUY UP OPTION

Eligibility for Buy Up Option

You are eligible for the Buy Up Option if, at the time you elect the Buy Up Option:

- (a) we are not waiving premium under any provision of the policy; and
- (b) you are not Chronically Ill and have not, for the immediate two-year period, received benefits under the policy.

Electing the Buy Up Option

On or before the Final Buy Up Option Date, you may elect the Buy Up Option. Under the Buy Up Option, you may elect to increase the Compound Inflation Percentage to any percentage offered by us at the time of election. The Compound Inflation Percentage can never exceed 5%. You may make such election by written request to us. You may elect the Buy Up Option only once each Policy Year.

Buy Up Option Will Increase Your Premium

We will increase the premium for the policy each time you elect the Buy Up Option. Premium will increase by an amount determined by us at the time you elect the Buy Up Option. We will increase the premium for the policy on the Policy Anniversary Date coinciding with or next following the date we receive your written request. However, any increase in benefits will NOT occur until the Policy Anniversary next following the effective date of the increase in premium for the policy.

BENEFITS NOT TIED TO CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

TERMINATION

Voluntary Termination

This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

**United of Omaha Life Insurance
Company**

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive style with a large initial "M".

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION -- 20 YEAR BENEFIT RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection – 20 Year Benefit.

COMPOUND INFLATION PROTECTION – 20 YEAR BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date up to and including the 20th Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date up to and including the 20th Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the 20th Policy Anniversary Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the 20th Policy Anniversary Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

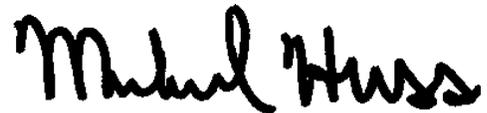
This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

United of Omaha Life Insurance
Company

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Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

COMPOUND INFLATION PROTECTION BENEFIT WITH MAXIMUM INCREASE CAP RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Compound Inflation Percentage means the percentage shown in the Policy Schedule for the Compound Inflation Protection Benefit with Maximum Increase Cap.

Maximum Increase Cap means an amount equal to the Maximum Monthly Benefit on the Policy Effective Date times the number shown for this benefit in the Policy Schedule.

Maximum Increase Cap Date means the Policy Anniversary Date on which the Maximum Monthly Benefit equals or exceeds the Maximum Increase Cap.

COMPOUND INFLATION PROTECTION BENEFIT WITH MAXIMUM INCREASE CAP

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by the Compound Inflation Percentage. No further increases will be made to the Maximum Monthly Benefit from and after the Maximum Increase Cap Date. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by the Compound Inflation Percentage. No further increases will be made to the Maximum Lifetime Benefit from and after the Maximum Increase Cap Date. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the Maximum Increase Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Maximum Increase Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge for persons who would be in your Policy Class on the date of termination.

Automatic Termination

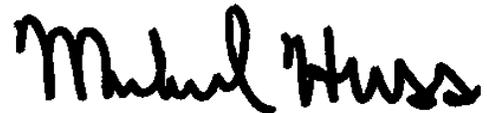
This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

**United of Omaha Life Insurance
Company**



Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

SIMPLE INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

SIMPLE INFLATION PROTECTION BENEFIT

Maximum Monthly Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by an amount equal to:

- (a) the Maximum Monthly Benefit in effect on the Policy Effective Date, times
- (b) the percentage shown for this benefit in the Policy Schedule.

The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by an amount equal to the lesser of:

- (a) the Maximum Lifetime Benefit in effect on the Policy Effective Date, times the percentage shown for this benefit in the Policy Schedule; or
- (b) the Maximum Lifetime Benefit remaining at the end of the prior Policy Year, times the percentage shown for this benefit in the Policy Schedule.

The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because the Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

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This rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

**United of Omaha Life Insurance
Company**

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

FUTURE PURCHASE OPTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy.

FUTURE PURCHASE OPTION

Eligibility for Benefit

You are eligible to purchase the Compound Inflation Protection – Lifetime Benefit rider if, at the time of purchase:

- (a) we are not waiving premium under any provision of the policy; and
- (b) you are not Chronically Ill and have not, for the immediate two-year period, received benefits under the policy.

Purchase of Compound Inflation Protection – Lifetime Benefit Rider

On or before the fifth Policy Anniversary Date, you may, upon written request to us, purchase the Compound Inflation Protection – Lifetime Benefit rider for the policy. Your purchase will be effective on the Policy Anniversary Date coinciding with or next following the date we receive your request. You may purchase the Compound Inflation Protection – Lifetime Benefit rider only once while the policy is in force.

Your Premium Will Increase

We will increase the premium for the policy if you purchase the Compound Inflation Protection – Lifetime Benefit rider. Premium will increase by an amount determined by us at the time of your purchase. We will increase the premium for the policy on the Policy Anniversary Date coinciding with or next following the date we receive your request to purchase the Compound Inflation Protection – Lifetime Benefit rider. However, any increase in benefits will NOT occur until the Policy Anniversary Date following the effective date of the increase in premium for the policy.

TERMINATION

This rider will terminate on the earliest of:

- (a) the effective date of any Compound Inflation Protection – Lifetime Benefit rider purchased under this rider;
- (b) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (c) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (d) the date the policy terminates.

**United of Omaha Life Insurance
Company**

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

GRADED COMPOUND INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Benefit Cap Date means the Policy Anniversary Date coinciding with or next following your 75th birthday.

GRADED COMPOUND INFLATION PROTECTION

Maximum Monthly Benefit

On each Policy Anniversary Date up to and including the Benefit Cap Date, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by 3%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit

On each Policy Anniversary Date up to and including the Benefit Cap Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 3%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

From and after the Benefit Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Benefit Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

**United of Omaha Life Insurance
Company**

A handwritten signature in black ink that reads "Michael Huss". The signature is written in a cursive, slightly slanted style.

Corporate Secretary

UNITED OF OMAHA LIFE INSURANCE COMPANY

GRADED COMPOUND INFLATION PROTECTION RIDER

This rider is part of the policy to which it is attached. It is subject to all of the policy provisions not inconsistent with the provisions of this rider.

EFFECTIVE DATE

The effective date of this rider is the Policy Effective Date.

DEFINITIONS

Capitalized terms used in this rider have the meanings assigned to them in the policy or this rider.

Benefit Cap Date means the Policy Anniversary Date coinciding with or next following your 75th birthday.

GRADED COMPOUND INFLATION PROTECTION

5% Compound Inflation Protection

Maximum Monthly Benefit. On each Policy Anniversary Date up to and including the Policy Anniversary Date coinciding with or next following your 60th birthday, we will automatically increase the Maximum Monthly Benefit then in effect under the policy by 5%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit. On each Policy Anniversary Date up to and including the Policy Anniversary Date coinciding with or next following your 60th birthday, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 5%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

3% Compound Inflation Protection

Maximum Monthly Benefit. On the Policy Anniversary Date coinciding with or next following your 61st birthday and each Policy Anniversary Date thereafter up to and including the Benefit Cap Date, we will automatically increase the Maximum Monthly Benefit then effect under the policy by 3%. The increase in the Maximum Monthly Benefit will be rounded to the nearest whole dollar.

Maximum Lifetime Benefit. On the Policy Anniversary Date coinciding with or next following your 61st birthday and each Policy Anniversary Date thereafter up to and including the Benefit Cap Date, we will automatically increase the Maximum Lifetime Benefit remaining at the end of the prior Policy Year by 3%. The increase in the Maximum Lifetime Benefit will be rounded to the nearest whole dollar.

Compound Inflation Protection Ends At Benefit Cap Date

After the Benefit Cap Date, no further increases will be made to your Maximum Monthly Benefit or Maximum Lifetime Benefit under this rider.

Benefits NOT Tied to CPI

The benefits provided by this rider are not based on the Consumer Price Index published by the Bureau of Labor Statistics of the United States Department of Labor or any other published index. The benefits provided by this rider may be greater or less than the actual economic inflation rate.

No Effect on Premiums

The premium for your policy will not increase solely because your Maximum Monthly Benefit and Maximum Lifetime Benefit increase under this rider.

After the Benefit Cap Date, you must continue to pay the premium for the policy, including the premium for this benefit, to keep the policy in force.

TERMINATION

Voluntary Termination

If received prior to the Benefit Cap Date, this rider will voluntarily terminate on the date we receive your written or verbal request to terminate this rider. Upon voluntary termination of this rider, we will adjust the premium for the policy. Premium will be adjusted to that which we currently charge persons who would be in your Policy Class on the date of termination.

Automatic Termination

This rider will automatically terminate on the earliest of:

- (a) the date your benefits are continued under the Extension of Benefits provision of the policy;
- (b) the date the policy is in force under the terms of any nonforfeiture benefit applicable to the policy; or
- (c) the date the policy terminates.

Effect of Termination

On the date of voluntary or automatic termination, no further increases in the Maximum Monthly Benefit or Maximum Lifetime Benefit will be made under this rider. All increases to the Maximum Monthly Benefit and the Maximum Lifetime Benefit made under this rider prior to the date of voluntary or automatic termination will continue in effect.

**United of Omaha Life Insurance
Company**



Corporate Secretary

SERFF Tracking Number: MUTM-127297896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50083
 Company Tracking Number: JOANNE NAJDZIN
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: LTC New Inflation Protection Riders - 0NB2U
 Project Name/Number: LTC New Inflation Protection Riders/0NB2U

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
United of Omaha Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MUTM-127297896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50083
 Company Tracking Number: JOANNE NAJDZIN
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: LTC New Inflation Protection Riders - 0NB2U
 Project Name/Number: LTC New Inflation Protection Riders/0NB2U

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/24/2011	Exhibit A - LTC09 Premiums - UOO	0NB2U, 0NB3U, 0NB4U, 0NB5U, 0NB6U, 0NB7U, 0NB8U, 0NB9U	New		Exhibit A - LTC09 Premium Rates- UOO-AR- INFL.pdf

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Annual Premium Rates

Per \$300 Monthly Benefit

Form:		LTC09U						
		Integrated NH, ALF, and HHC with 100% ALF & 100% HHC						
Issue Age	Benefit Period							
	2 Year	3 Year	4 Year	5 Year	6 Year	8 Year	Lifetime	
18-35	33.77	39.56	45.43	51.40	57.45	69.82	82.56	
36	34.09	40.05	46.07	52.14	58.27	70.70	83.36	
37	34.43	40.55	46.71	52.88	59.09	71.57	84.16	
38	34.75	41.07	47.37	53.63	59.87	72.26	84.55	
39	35.06	41.56	48.00	54.36	60.65	73.03	85.14	
40	35.36	42.03	48.60	55.07	61.45	73.89	85.94	
41	35.70	42.52	49.23	55.82	62.29	74.86	86.96	
42	36.03	43.02	49.88	56.60	63.19	75.96	88.19	
43	36.58	43.70	50.69	57.53	64.23	77.21	89.63	
44	37.21	44.48	51.61	58.59	65.42	78.65	91.29	
45	37.93	45.37	52.65	59.78	66.76	80.27	93.18	
46	38.77	46.38	53.84	61.14	68.28	82.10	95.30	
47	39.74	47.56	55.21	62.70	70.02	84.17	97.67	
48	41.01	49.17	57.12	64.89	72.45	87.00	100.76	
49	42.31	50.81	59.07	67.10	74.90	89.79	103.76	
50	43.61	52.47	61.05	69.36	77.40	92.65	106.80	
51	44.98	54.23	63.15	71.75	80.03	95.60	109.86	
52	46.42	56.11	65.41	74.33	82.85	98.75	113.10	
53	47.78	57.85	67.48	76.68	85.45	101.69	116.19	
54	49.28	59.76	69.76	79.27	88.31	104.94	119.65	
55	50.98	61.90	72.30	82.17	91.51	108.62	123.61	
56	52.93	64.36	75.20	85.48	95.18	112.87	128.27	
57	55.20	67.18	78.54	89.29	99.42	117.82	133.75	
58	57.39	69.90	81.76	92.98	103.55	122.78	139.43	
59	60.01	73.23	85.77	97.62	108.79	129.07	146.61	
60	63.20	77.33	90.72	103.38	115.29	136.90	155.55	
61	67.04	82.26	96.68	110.30	123.12	146.35	166.37	
62	71.61	88.13	103.77	118.54	132.44	157.61	179.29	
63	77.89	96.01	113.17	129.35	144.57	172.11	195.78	
64	84.56	104.33	123.04	140.69	157.28	187.27	213.01	
65	92.44	114.06	134.51	153.81	171.96	204.77	232.94	
66	105.80	130.42	153.73	175.74	196.44	233.91	266.16	
67	116.88	143.79	169.29	193.39	216.09	257.27	292.83	
68	133.50	162.49	190.23	216.73	241.98	288.75	330.53	
69	150.44	182.02	212.39	241.52	269.44	321.61	368.88	
70	168.15	202.87	236.26	268.34	299.10	356.66	408.94	
71	187.03	225.45	262.35	297.73	331.60	394.76	451.84	
72	207.48	250.23	291.17	330.29	367.60	436.76	498.66	
73	227.31	276.25	322.66	366.54	407.89	482.99	547.97	
74	249.32	305.64	358.55	408.07	454.19	536.23	604.68	
75	274.22	339.18	399.74	455.91	507.67	598.00	670.73	
76	302.67	377.63	447.08	511.02	569.46	669.82	748.17	
77	335.41	421.78	501.46	574.44	640.74	753.24	838.98	
78	373.10	472.38	563.73	647.14	722.61	849.74	945.12	
79	416.45	530.23	634.80	730.15	816.29	960.90	1,068.65	
80	466.16	596.27	715.89	825.01	923.62	1,089.36	1,213.10	
81	523.47	671.91	808.60	933.55	1,046.75	1,237.91	1,382.10	
82	589.72	758.68	914.74	1,057.91	1,188.18	1,410.06	1,580.36	
83	666.39	858.49	1,036.56	1,200.61	1,350.63	1,608.59	1,810.45	
84	755.30	973.50	1,176.60	1,364.58	1,537.46	1,837.89	2,077.89	
85	858.66	1,106.28	1,337.81	1,553.26	1,752.63	2,103.11	2,389.25	
86	979.14	1,259.86	1,523.70	1,770.67	2,000.76	2,410.31	2,752.35	
87	1,119.90	1,437.82	1,738.35	2,021.50	2,287.26	2,766.62	3,176.45	

Premiums for 80+ are only for coverage increases.

Rates for benefit periods not shown in the table are interpolated.

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

Elim	Factor	Elim	Factor
0 Day	1.40	90 Day	1.00
30 Day	1.25	180 Day	0.90
60 Day	1.09	365 Day	0.80

Premium Allowances:

- 35% Spouse Allowance for two insureds, or
- 15% Married Allowance for one married insured, or
- 10% Two Person Household Allowance

Rider OMA0U: Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

Elim	Factor	Elim	Factor
30 Day	1.03	90 Day	1.09
60 Day	1.07	180 Day	1.14
		365 Day	1.17

To calculate premiums with the Home Health Care Benefit with the Basic HHC Maximum Monthly benefit as a % of the NH MMB, apply the appropriate factor to the above premiums,

%	Factor
50%	0.90
75%	0.97
100%	1.00

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

Class	Factor	Class	Factor
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums with the Basic and Professional Home Health Care Benefit with the Basic HHC Maximum Monthly Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.918
75%	0.989
100%	1.020

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

Modal Loads	Factor
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

To calculate premiums for ALF Monthly Maximum Benefit as a % of the NH MMB, apply the appropriate factor to the above premiums.

%	Factor
50%	0.90
60%	0.93
70%	0.96
75%	0.97
80%	0.98
100%	1.00

United of Omaha Life Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	0NB2U	0NB3U									
Issue Age	Simple Inflation	Compound Inflation -- Lifetime with Buy-Up Option to age 85					Compound Inflation -- Lifetime with Buy-Up Option to age 65				
	5%	5%	4.5%	4%	3.5%	3%	5%	4.5%	4%	3.5%	3%
18-35	1.91	3.88	3.31	2.78	2.36	1.97	3.88	3.31	2.77	2.35	1.96
36	1.91	3.88	3.31	2.77	2.36	1.97	3.88	3.31	2.77	2.35	1.96
37	1.91	3.88	3.31	2.77	2.35	1.96	3.88	3.31	2.77	2.35	1.96
38	1.94	3.90	3.35	2.81	2.38	1.98	3.90	3.35	2.80	2.37	1.97
39	1.96	3.93	3.39	2.85	2.41	2.01	3.93	3.38	2.84	2.40	2.00
40	1.99	3.95	3.43	2.89	2.44	2.03	3.95	3.42	2.88	2.43	2.02
41	2.02	3.97	3.43	2.93	2.47	2.05	3.97	3.43	2.92	2.47	2.05
42	2.04	4.00	3.43	2.92	2.49	2.07	4.00	3.43	2.92	2.48	2.06
43	2.06	3.99	3.44	2.95	2.51	2.09	3.99	3.44	2.95	2.50	2.08
44	2.08	3.98	3.44	2.95	2.53	2.10	3.98	3.44	2.94	2.52	2.09
45	2.10	4.01	3.46	2.97	2.53	2.12	4.01	3.46	2.96	2.52	2.11
46	2.11	3.99	3.46	2.98	2.55	2.12	3.99	3.46	2.97	2.54	2.11
47	2.13	3.99	3.46	2.99	2.55	2.13	3.99	3.45	2.98	2.54	2.12
48	2.17	3.97	3.46	2.97	2.55	2.14	3.97	3.45	2.97	2.54	2.13
49	2.20	3.95	3.42	2.94	2.52	2.14	3.95	3.41	2.93	2.51	2.12
50	2.24	3.88	3.38	2.93	2.53	2.14	3.88	3.37	2.92	2.51	2.12
51	2.27	3.84	3.35	2.93	2.53	2.15	3.84	3.35	2.91	2.51	2.13
52	2.31	3.82	3.35	2.91	2.49	2.14	3.82	3.34	2.89	2.47	2.12
53	2.29	3.74	3.28	2.85	2.46	2.13	3.74	3.27	2.84	2.44	2.10
54	2.29	3.65	3.21	2.80	2.45	2.12	3.65	3.20	2.78	2.42	2.09
55	2.28	3.56	3.16	2.79	2.43	2.10	3.56	3.15	2.77	2.41	2.07
56	2.29	3.50	3.13	2.77	2.41	2.09	3.50	3.11	2.75	2.38	2.06
57	2.26	3.44	3.08	2.72	2.37	2.06	3.44	3.06	2.69	2.34	2.02
58	2.22	3.32	2.98	2.64	2.32	2.01	3.32	2.97	2.62	2.28	1.98
59	2.19	3.22	2.89	2.57	2.26	1.98	3.22	2.88	2.55	2.23	1.94
60	2.16	3.11	2.80	2.49	2.21	1.95	3.11	2.79	2.46	2.18	1.91
61	2.12	2.99	2.71	2.41	2.16	1.90	2.99	2.70	2.39	2.12	1.86
62	2.09	2.88	2.62	2.36	2.11	1.88	2.88	2.60	2.34	2.08	1.84
63	2.03	2.78	2.54	2.30	2.06	1.84	2.78	2.52	2.27	2.03	1.80
64	1.98	2.68	2.47	2.24	2.01	1.77	2.68	2.45	2.21	1.97	1.74
65	1.92	2.56	2.37	2.16	1.94	1.73	2.56	2.36	2.14	1.91	1.69
66	1.87	2.46	2.28	2.09	1.89	1.68	2.46	2.27	2.07	1.86	1.64
67	1.81	2.34	2.19	2.02	1.82	1.62	2.34	2.18	2.00	1.79	1.59
68	1.77	2.23	2.08	1.95	1.77	1.58	2.23	2.07	1.93	1.74	1.55
69	1.74	2.14	2.00	1.88	1.71	1.56	2.14	1.99	1.86	1.69	1.53
70	1.72	2.02	1.91	1.81	1.66	1.52	2.02	1.90	1.79	1.64	1.49
71	1.68	1.93	1.84	1.73	1.61	1.48	1.93	1.83	1.72	1.59	1.46
72	1.64	1.85	1.76	1.66	1.56	1.45	1.85	1.75	1.65	1.54	1.43
73	1.62	1.81	1.73	1.63	1.54	1.44	1.81	1.72	1.62	1.52	1.42
74	1.60	1.77	1.70	1.61	1.52	1.43	1.77	1.69	1.60	1.51	1.41
75	1.57	1.74	1.66	1.59	1.50	1.42	1.74	1.66	1.58	1.49	1.40
76	1.54	1.70	1.64	1.58	1.49	1.40	1.70	1.64	1.57	1.48	1.39
77	1.50	1.67	1.61	1.56	1.48	1.39	1.67	1.61	1.55	1.47	1.38
78	1.47	1.60	1.55	1.51	1.44	1.37	1.60	1.55	1.50	1.43	1.36
79	1.43	1.53	1.49	1.46	1.41	1.35	1.53	1.49	1.45	1.40	1.34
80	1.39	1.46	1.44	1.41	1.38	1.32	1.46	1.44	1.40	1.37	1.31
81	1.36	1.40	1.38	1.36	1.35	1.30	1.40	1.38	1.36	1.34	1.29
82	1.33	1.34	1.33	1.31	1.31	1.28	1.34	1.33	1.31	1.30	1.27
83	1.31	1.32	1.31	1.29	1.29	1.27	1.32	1.31	1.29	1.28	1.26
84	1.30	1.31	1.30	1.28	1.28	1.26	1.31	1.30	1.28	1.27	1.25
85	1.29	1.30	1.29	1.27	1.27	1.25	1.30	1.29	1.27	1.26	1.24
86	1.28	1.29	1.28	1.26	1.26	1.24	1.29	1.28	1.26	1.25	1.23
87	1.27	1.28	1.27	1.25	1.25	1.23	1.28	1.27	1.25	1.24	1.22

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company
Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	0NB2U					0NB4U	0NB5U			0NB9U	0NB8U
Issue Age	Compound Inflation Protection -- Lifetime					5% Compound Inflation for 20 Years	Compound Inflation (at 5%) with Maximum Increase Cap			Graded Compound Inflation	
	5%	4.5%	4%	3.5%	3%		2X	3X	4X	5%/3%/0%	3%/0%
18-35	3.88	3.26	2.69	2.25	1.85	1.84	1.65	1.93	2.21	2.52	1.71
36	3.88	3.26	2.69	2.25	1.85	1.84	1.65	1.93	2.21	2.46	1.71
37	3.88	3.26	2.69	2.25	1.85	1.83	1.64	1.92	2.20	2.40	1.70
38	3.90	3.30	2.73	2.28	1.87	1.85	1.64	1.94	2.20	2.34	1.70
39	3.93	3.34	2.77	2.31	1.90	1.86	1.64	1.95	2.20	2.28	1.69
40	3.95	3.38	2.81	2.34	1.92	1.88	1.64	1.97	2.20	2.23	1.69
41	3.97	3.39	2.85	2.38	1.95	1.88	1.63	1.97	2.19	2.17	1.68
42	4.00	3.39	2.85	2.40	1.97	1.89	1.62	1.98	2.22	2.11	1.68
43	3.99	3.40	2.88	2.42	1.99	1.90	1.62	2.00	2.31	2.05	1.67
44	3.98	3.40	2.88	2.44	2.00	1.90	1.61	2.00	2.39	1.99	1.67
45	4.01	3.42	2.90	2.44	2.02	1.91	1.61	2.01	2.49	2.00	1.66
46	3.99	3.42	2.91	2.46	2.03	1.93	1.60	2.04	2.57	1.99	1.66
47	3.99	3.42	2.92	2.47	2.04	1.94	1.60	2.11	2.66	1.99	1.65
48	3.97	3.42	2.91	2.47	2.05	1.99	1.60	2.19	2.74	1.98	1.62
49	3.95	3.38	2.88	2.44	2.05	2.03	1.66	2.27	2.82	1.97	1.58
50	3.88	3.34	2.87	2.45	2.05	2.08	1.69	2.31	2.87	1.93	1.57
51	3.84	3.32	2.87	2.45	2.07	2.12	1.73	2.37	2.93	1.91	1.59
52	3.82	3.32	2.85	2.42	2.06	2.17	1.79	2.45	3.01	1.90	1.58
53	3.74	3.25	2.80	2.39	2.05	2.20	1.81	2.48	3.02	1.86	1.57
54	3.65	3.18	2.75	2.38	2.04	2.23	1.83	2.50	3.02	1.81	1.56
55	3.56	3.13	2.74	2.37	2.03	2.25	1.85	2.52	3.02	1.76	1.55
56	3.50	3.10	2.72	2.35	2.02	2.28	1.88	2.56	3.04	1.72	1.54
57	3.44	3.05	2.67	2.31	1.99	2.29	1.91	2.59	3.06	1.68	1.51
58	3.32	2.96	2.60	2.26	1.95	2.27	1.91	2.57	3.00	1.60	1.47
59	3.22	2.87	2.53	2.21	1.92	2.26	1.92	2.57	2.95	1.52	1.44
60	3.11	2.78	2.45	2.16	1.89	2.25	1.93	2.55	2.90	1.45	1.41
61	2.99	2.69	2.38	2.11	1.85	2.22	1.92	2.52	2.83	1.38	1.38
62	2.88	2.60	2.33	2.07	1.83	2.21	1.91	2.49	2.77	1.36	1.36
63	2.78	2.52	2.27	2.02	1.79	2.14	1.90	2.45	2.69	1.32	1.32
64	2.68	2.45	2.21	1.97	1.73	2.08	1.88	2.40	2.61	1.28	1.28
65	2.56	2.36	2.14	1.91	1.69	2.04	1.85	2.33	2.50	1.27	1.27
66	2.46	2.27	2.07	1.86	1.64	1.99	1.83	2.28	2.42	1.27	1.27
67	2.34	2.18	2.00	1.79	1.59	1.95	1.79	2.20	2.32	1.26	1.26
68	2.23	2.07	1.93	1.74	1.55	1.90	1.75	2.12	2.21	1.23	1.23
69	2.14	1.99	1.86	1.69	1.53	1.87	1.72	2.05	2.13	1.20	1.20
70	2.02	1.90	1.79	1.64	1.49	1.84	1.66	1.95	2.01	1.16	1.16
71	1.93	1.83	1.72	1.59	1.46	1.80	1.63	1.89	1.92	1.13	1.13
72	1.85	1.75	1.65	1.54	1.43	1.75	1.59	1.84	1.85	1.09	1.09
73	1.81	1.72	1.62	1.52	1.42	1.72	1.59	1.81	1.81	1.06	1.06
74	1.77	1.69	1.60	1.51	1.41	1.68	1.59	1.76	1.77	1.03	1.03
75	1.74	1.66	1.58	1.49	1.40	1.65	1.59	1.73	1.74	1.00	1.00
76	1.70	1.64	1.57	1.48	1.39	1.62	1.58	1.70	1.70	1.00	1.00
77	1.67	1.61	1.55	1.47	1.38	1.58	1.58	1.67	1.67	1.00	1.00
78	1.60	1.55	1.50	1.43	1.36	1.53	1.54	1.61	1.60	1.00	1.00
79	1.53	1.49	1.45	1.40	1.34	1.47	1.50	1.54	1.53	1.00	1.00
80	1.46	1.44	1.40	1.37	1.31	1.42	1.46	1.46	1.46	1.00	1.00
81	1.40	1.38	1.36	1.34	1.29	1.38	1.40	1.40	1.40	1.00	1.00
82	1.34	1.33	1.31	1.30	1.27	1.33	1.34	1.34	1.34	1.00	1.00
83	1.32	1.31	1.29	1.28	1.26	1.31	1.32	1.32	1.32	1.00	1.00
84	1.31	1.30	1.28	1.27	1.25	1.30	1.31	1.31	1.31	1.00	1.00
85	1.30	1.29	1.27	1.26	1.24	1.29	1.30	1.30	1.30	1.00	1.00
86	1.29	1.28	1.26	1.25	1.23	1.28	1.29	1.29	1.29	1.00	1.00
87	1.28	1.27	1.25	1.24	1.22	1.27	1.28	1.28	1.28	1.00	1.00

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	0MD3U	0MD6U	0MD7U	0MD8U	0MD9U	0MD0U	0MD1U	0MD2U
Issue Age	Nonforfeiture Benefit - Shortened Benefit Period Option	Limited Payment Options				Full Return Premium on Death	Return Premium on Death less Claims	Return Premium on Death Before Age 65
		Single Premium	10 Pay	20 Pay	Pay to 65			
18-35	1.21	35.47	3.83	2.40	1.74	1.77	1.60	1.075
36	1.21	35.11	3.81	2.39	1.78	1.79	1.61	1.072
37	1.21	34.75	3.79	2.37	1.82	1.81	1.63	1.069
38	1.21	34.39	3.78	2.36	1.83	1.82	1.63	1.066
39	1.21	34.03	3.76	2.35	1.85	1.84	1.65	1.063
40	1.20	33.67	3.74	2.33	1.89	1.86	1.66	1.060
41	1.20	33.31	3.71	2.31	1.95	1.88	1.67	1.057
42	1.20	32.95	3.68	2.29	2.01	1.90	1.69	1.054
43	1.20	32.58	3.64	2.27	2.08	1.93	1.72	1.051
44	1.20	32.22	3.60	2.24	2.16	1.97	1.74	1.048
45	1.19	31.86	3.55	2.21	2.21	2.01	1.77	1.045
46	1.19	31.50	3.50	2.19	2.30	2.05	1.81	1.043
47	1.19	31.14	3.45	2.16	2.37	2.10	1.85	1.041
48	1.19	30.51	3.39	2.13	2.38	2.16	1.90	1.039
49	1.19	29.89	3.34	2.10	2.39	2.23	1.95	1.037
50	1.18	29.26	3.28	2.08	2.41	2.29	2.00	1.035
51	1.18	28.64	3.22	2.06	2.45	2.36	2.06	1.033
52	1.18	28.01	3.16	2.04	2.51	2.43	2.11	1.031
53	1.18	27.38	3.10	2.02	2.61	2.49	2.16	1.029
54	1.18	26.76	3.05	2.00	2.75	2.56	2.22	1.027
55	1.17	26.13	2.99	1.98	2.99	2.65	2.29	1.025
56	1.17	25.51	2.94	1.96	4.78	2.75	2.37	1.022
57	1.17	24.88	2.88	1.93	6.57	2.87	2.47	1.019
58	1.17	24.05	2.84	1.88	8.36	3.01	2.59	1.016
59	1.16	23.22	2.79	1.83	10.15	3.19	2.73	1.013
60	1.16	22.39	2.73	1.78	11.94	3.39	2.89	1.010
61	1.15	21.56	2.67	1.72	13.73	3.63	3.09	1.008
62	1.15	20.73	2.60	1.65	15.52	3.90	3.32	1.006
63	1.15	19.90	2.51	1.59	17.31	4.22	3.58	1.004
64	1.15	19.07	2.42	1.54	19.07	4.59	3.89	1.002
65	1.14	18.24	2.33	1.48		5.01	4.23	1.000
66	1.14	17.41	2.23	1.43		5.49	4.60	
67	1.14	16.58	2.14	1.38		6.03	5.00	
68	1.14	15.96	2.06	1.32		6.65	5.43	
69	1.14	15.34	1.99	1.27		7.36	5.90	
70	1.14	14.72	1.91	1.22		8.18	6.41	
71	1.13	14.10	1.85	1.19		9.12	6.96	
72	1.13	13.48	1.79	1.16		10.20	7.56	
73	1.13	12.86	1.72	1.15		11.45	8.21	
74	1.12	12.24	1.66	1.15		12.90	8.92	
75	1.12	11.62	1.59	1.15		14.58	9.69	
76	1.11	11.00	1.53	1.15		16.54	10.53	
77	1.11	10.38	1.48	1.15		18.83	11.44	
78	1.11	9.76	1.43	1.15		21.51	12.43	
79	1.10	9.14	1.39	1.15		24.66	13.51	
80	1.10	8.52	1.36	1.15		28.37	14.68	
81	1.10	7.90	1.33	1.15		32.76	15.95	
82	1.10	7.28	1.31	1.15		37.96	17.33	
83	1.09	6.68	1.29	1.15		44.14	18.83	
84	1.09	6.10	1.27	1.15		51.50	20.46	
85	1.09	5.54	1.25	1.15		60.30	22.23	
86	1.09	5.00	1.23	1.15		70.85	24.15	
87	1.09	4.48	1.21	1.15		83.54	26.24	

Premiums for 80+ are only for coverage increases.

United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Rider:	0ME2U					
Issue Age	Flex To-Age 85 (FIPO) - Annual Premium Increase Factors					
	Initial Premium Percent					
	50%	60%	70%	75%	80%	90%
18-35	5.576%	4.424%	3.392%	2.937%	2.491%	1.668%
36	5.645%	4.479%	3.434%	2.973%	2.522%	1.689%
37	5.715%	4.535%	3.476%	3.010%	2.554%	1.710%
38	5.861%	4.646%	3.565%	3.087%	2.621%	1.753%
39	5.996%	4.750%	3.648%	3.159%	2.683%	1.793%
40	6.125%	4.849%	3.726%	3.227%	2.742%	1.831%
41	6.257%	4.951%	3.807%	3.297%	2.803%	1.870%
42	6.394%	5.056%	3.891%	3.370%	2.866%	1.910%
43	6.566%	5.194%	3.997%	3.459%	2.944%	1.966%
44	6.757%	5.348%	4.114%	3.559%	3.031%	2.029%
45	6.979%	5.525%	4.251%	3.673%	3.131%	2.102%
46	7.232%	5.728%	4.407%	3.805%	3.245%	2.185%
47	7.521%	5.960%	4.584%	3.955%	3.376%	2.280%
48	7.872%	6.231%	4.794%	4.137%	3.536%	2.391%
49	8.231%	6.510%	5.009%	4.324%	3.700%	2.505%
50	8.593%	6.789%	5.226%	4.512%	3.865%	2.619%
51	8.975%	7.085%	5.454%	4.711%	4.039%	2.740%
52	9.387%	7.403%	5.700%	4.925%	4.227%	2.870%
53	10.053%	7.924%	6.102%	5.276%	4.533%	3.078%
54	10.789%	8.499%	6.545%	5.663%	4.872%	3.307%
55	11.617%	9.147%	7.044%	6.100%	5.252%	3.566%
56	12.560%	9.885%	7.613%	6.597%	5.686%	3.860%
57	13.651%	10.737%	8.270%	7.171%	6.187%	4.200%
58	14.203%	11.172%	8.605%	7.461%	6.438%	4.370%
59	14.882%	11.706%	9.016%	7.818%	6.746%	4.579%
60	15.715%	12.361%	9.521%	8.256%	7.124%	4.835%
61	Not available for sale to ages 61 and older					
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United of Omaha Life Insurance Company

Policy Forms: LTC09U [-AG, -5ML, -10ML]-AR

Premium Factors to apply by benefit period selected.

Restoration of Benefits	
Rider: 0MA4U	
Benefit Period	Factor
2 year	1.04
3 Year	1.04
4 Year	1.04
5 Year	1.04
6 Year	1.04
8 Year	1.04
Lifetime	N/A

Spouse Shared Care Benefit	
Rider: 0MC1U	
Benefit Period	Factor
2 year	1.16
3 Year	1.16
4 Year	1.16
5 Year	1.16
6 Year	1.14
8 Year	1.08

Lifetime Premium Factors, unless noted, applicable to the entire calculated premium.

<p>Future Purchase Option Rider: 0NB7U</p> <table border="1"> <tr> <td>Factor</td> <td>1.05</td> </tr> </table>	Factor	1.05	<p>Additional Benefit for Injury Riders: 0MA2U, 0MA3U</p> <table border="1"> <tr> <td>Factor</td> <td>1.01</td> </tr> </table>	Factor	1.01																		
Factor	1.05																						
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<p>Rate Guarantee*</p> <table border="1"> <thead> <tr> <th>Years</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>5 Years</td> <td>1.05</td> </tr> <tr> <td>6 Years</td> <td>1.06</td> </tr> <tr> <td>7 Years</td> <td>1.09</td> </tr> <tr> <td>8 Years</td> <td>1.11</td> </tr> <tr> <td>9 Years</td> <td>1.13</td> </tr> <tr> <td>10 Years</td> <td>1.15</td> </tr> </tbody> </table>	Years	Factor	5 Years	1.05	6 Years	1.06	7 Years	1.09	8 Years	1.11	9 Years	1.13	10 Years	1.15	<p>Cash Benefit 35% Rider: 0ME9U-AR</p> <table border="1"> <thead> <tr> <th>% Basic HHC</th> <th>Factor</th> </tr> </thead> <tbody> <tr> <td>50%</td> <td>1.010</td> </tr> <tr> <td>75%</td> <td>1.013</td> </tr> <tr> <td>100%</td> <td>1.015</td> </tr> </tbody> </table>	% Basic HHC	Factor	50%	1.010	75%	1.013	100%	1.015
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* Factor is removed after option has expired.

SERFF Tracking Number: MUTM-127297896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50083
 Company Tracking Number: JOANNE NAJDZIN
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: LTC New Inflation Protection Riders - 0NB2U
 Project Name/Number: LTC New Inflation Protection Riders/0NB2U

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Read Cert.pdf AR Certif of Compliance with Rule 19 rev 06.24.2010.pdf	Approved	10/24/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable for this filing. Comments:	Approved	10/24/2011

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: Actl Materials- LTC09U-INFL-AR.pdf	Approved	10/24/2011

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable for this filing. Comments:	Approved	10/24/2011

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>
0NB2U	LTC Inflation Protection Rider	51.3*
0NB3U	LTC Inflation Protection Rider	51.5*
0NB4U	LTC Inflation Protection Rider	51.2*
0NB5U	LTC Inflation Protection Rider	51.3*
0NB6U	LTC Inflation Protection Rider	52.0*
0NB7U	LTC Inflation Protection Rider	52.0*
0NB8U	LTC Inflation Protection Rider	51.6*
0NB9U	LTC Inflation Protection Rider	50.9*

*When scored with the base policy.

Date: July 18, 2011



Daniel J. Kennelly
Vice President , Chief Compliance and Ethics Officer

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

Insurer: United of Omaha Life Insurance Company

Form Number(s): 0NB2U, 0NB3U, 0NB4U, 0NB5U, 0NB6U, 0NB7U,
0NB8U, and 0NB9U

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President, Chief Compliance and Ethics Officer

Title

July 18, 2011

Date