

SERFF Tracking Number: MUTM-126984179 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 47708  
Company Tracking Number: ASHLEY WILLIAMS  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: Long Term Care Advertising - AFN43297  
Project Name/Number: Long Term Care Advertising /AFN43297

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long Term Care Advertising - SERFF Tr Num: MUTM-126984179 State: Arkansas  
AFN43297

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 47708

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: ASHLEY WILLIAMS

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Harris Shearer,  
Stephanie Fowler

Author: Ashley Williams

Disposition Date: 02/16/2011

Date Submitted: 01/14/2011

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: AFN43297

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: 02/16/2011

State Status Changed: 02/16/2011

Deemer Date:

Created By: Ashley Williams

Submitted By: Ashley Williams

Corresponding Filing Tracking Number:

Filing Description:

NAIC #: 261-71412

FEIN #: 47-0246511

Mutual of Omaha Insurance Company

Long Term Care Advertising

Email: AFN43297

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

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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

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## 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]  
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? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	01/14/2011	43776125

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	02/16/2011	02/16/2011

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## Disposition

Disposition Date: 02/16/2011

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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State: Arkansas

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State Tracking Number: 47708

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	AFN43297 MoV	Filed	Yes
<b>Form</b>	Email	Filed	Yes

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## Form Schedule

**Lead Form Number: AFN43297**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 02/16/2011	AFN43297	Advertising	Email	Initial		0.000	AFN43297 (brackets).pdf

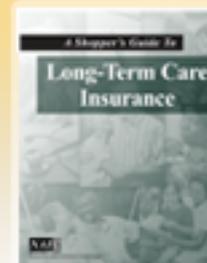
MUTUAL of OMAHA



[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]

It's natural to have questions.  
And now it's easy to get the  
answers! Call 1-800-931-9183  
or request your [Free Guide](#).

[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 1-800-931-9183** 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

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	AFN43297 MoV	Filed	<b>Date:</b> 02/16/2011
<b>Comments:</b>			
<b>Attachment:</b>			
VM-AFN43297.pdf			

# VARIABLE MATERIAL FOR ADVERTISING FORM

**Form Number: AFN43297**

*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.**