

SERFF Tracking Number: MUTM-128046793 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number:  
Company Tracking Number: MARYJO GOODWIN  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: 2011 Duplicate Medicare Supplement Policy Annual Report - United  
Project Name/Number: 2011 Duplicate Medicare Supplement Policy Annual Report - United/Annual Report

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2011 Duplicate Medicare Supplement Policy Annual Report - United SERFF Tr Num: MUTM-128046793 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Accepted State Tr Num:  
For Informational Purposes

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MARYJO GOODWIN State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler,  
Donna Lambert

Authors: Mary Cleasby, Helen  
Curry , Shelly Kaipust, Mary Gregg,  
Krysia Gannon, Ellen Cochrane,  
Kristin Miller

Disposition Date: 02/14/2012

Date Submitted: 02/07/2012

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date: 02/14/2012

State Filing Description:

## General Information

Project Name: 2011 Duplicate Medicare Supplement Policy Annual  
Report - United

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: 02/14/2012

State Status Changed: 02/14/2012

Deemer Date:

Created By: Ellen Cochrane

Submitted By: Ellen Cochrane

Corresponding Filing Tracking Number:

Filing Description:

United of Omaha Life Insurance Company - 261-69868

RE: Reporting Multiple Medicare Supplemental Policies

SERFF Tracking Number: MUTM-128046793 State: Arkansas  
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This form is to report information on each resident of this state who has in force more than one Medicare Supplement policy or certificate.

Sheri Toms  
 Manager  
 Underwriting

## Company and Contact

### Filing Contact Information

Ellen Cochrane, Product & Advertising ellen.cochrane@mutualofomaha.com  
 Compliance Specialist  
 Mutual of Omaha 402-351-3347 [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  
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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$0.00	02/07/2012	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Donna Lambert Informational Purposes		02/14/2012	02/14/2012

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## Disposition

Disposition Date: 02/14/2012

Implementation Date: 02/14/2012

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Outline of Coverage	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	2011 Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	Yes

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Not applicable as this is a Medicare Supplement Annual Report filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Not applicable as this is a Medicare Supplement Annual Report filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Not applicable as this is a Medicare Supplement Annual Report filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Accepted for Informational Purposes	02/14/2012
<b>Bypass Reason:</b>	Not applicable as this is a Medicare Supplement Annual Report filing.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	2011 Duplicate Medicare Supplement Policy Annual Report	Accepted for Informational Purposes	02/14/2012

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**Comments:**

**Attachment:**

AR United of Omaha SERFF Ltr.pdf

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

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



## REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

February 3, 2012

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

United of Omaha Life Insurance Company

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