

SERFF Tracking Number: MUTM-128046818 State: Arkansas
Filing Company: Mutual of Omaha 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 - Mutual
Project Name/Number: 2011 Duplicate Medicare Supplement Policy Annual Report - Mutual/Annual Report

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2011 Duplicate Medicare Supplement Policy Annual Report - Mutual SERFF Tr Num: MUTM-128046818 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: 02/03/2012

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 - Mutual

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:

Mutual of Omaha Insurance Company - 261-71412

RE: Reporting Multiple Medicare Supplemental Policies

SERFF Tracking Number: MUTM-128046818 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

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$0.00	02/03/2012	

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

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Supporting Document Schedules

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

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

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

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

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

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Comments:

Attachment:

AR Mutual Med Supp Ltr. 2012.pdf

MUTUAL OF OMAHA INSURANCE COMPANY

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



REPORTING MULTIPLE MEDICARE SUPPLEMENTAL POLICIES

January 31, 2012

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