

SERFF Tracking Number: MUTM-128483072 State: Arkansas  
Filing Company: Mutual of Omaha Insurance Company State Tracking Number: RPT-LTC 2011  
Company Tracking Number: RICK MAPES  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: LTC Annual Reports - M  
Project Name/Number: LTC Annual Reports/

## Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: LTC Annual Reports - M

SERFF Tr Num: MUTM-128483072 State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Accepted State Tr Num: RPT-LTC 2011

For Informational Purposes

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: RICK MAPES

State Status: Closed-Accepted for Informational Purposes

Filing Type: Form

Author: Shelly Kaipust

Reviewer(s): Donna Lambert

Date Submitted: 06/15/2012

Disposition Date: 06/18/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Annual Reports

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Shelly Kaipust

Filing Description:

June 15, 2012

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/18/2012

State Status Changed: 06/18/2012

Created By: Shelly Kaipust

Corresponding Filing Tracking Number:

Arkansas Department of Insurance

Attn: Compliance - Life & Health

1200 West Third Street

Little Rock, AR 72201-1904

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RE: Annual Long Term Care Claim Denial and Sales, Lapse & Replacement Reports

Attached are annual LTC Claim Denial and Sales, Lapse & Replacement reports for calendar year 2011.

This information is being submitted on behalf of Mutual of Omaha Insurance Company (NAIC #71412).

Please contact me if you have any questions.

Sincerely,

Rick Mapes FLMI, ACS  
Senior Regulatory Issues Analyst  
Corporate Compliance and Ethics Division  
Phone: 402-351-2642  
Fax: 402-351-5298  
Email: rick.mapes@mutualofomaha.com

Attachment:  
CO LTC Claim Denial 2011 Mutual  
CO LTC Sales, Lapse & Replacement 2011 Mutual

State Narrative:

## 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 | 06/15/2012     |               |

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## Correspondence Summary

### Dispositions

| Status  | Created By | Created On | Date Submitted |
|---|------------|------------|----------------|
| Accepted For Donna Lambert<br>Informational<br>Purposes |            | 06/18/2012 | 06/18/2012     |

*SERFF Tracking Number:*      *MUTM-128483072*                      *State:*                      *Arkansas*  
*Filing Company:*              *Mutual of Omaha Insurance Company*              *State Tracking Number:*      *RPT-LTC 2011*  
*Company Tracking Number:*      *RICK MAPES*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *LTC Annual Reports - M*  
*Project Name/Number:*      *LTC Annual Reports/*

## **Disposition**

Disposition Date: 06/18/2012

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 | LTC Claims Denial Report         | Accepted for<br>Informational Purposes | Yes           |
| Supporting Document | LTC Replacement and Lapse Report | Accepted for<br>Informational Purposes | Yes           |

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## Supporting Document Schedules

|   | Item Status:                        | Status Date: |
|---|-------------------------------------|--------------|
| <b>Bypassed - Item:</b> Flesch Certification<br><b>Bypass Reason:</b> Not applicable for this LTC Annual Report filing.<br><b>Comments:</b>             |                                     |              |
| <b>Bypassed - Item:</b> Application<br><b>Bypass Reason:</b> Not applicable for this LTC Annual Report filing.<br><b>Comments:</b>                      |                                     |              |
| <b>Bypassed - Item:</b> Health - Actuarial Justification<br><b>Bypass Reason:</b> Not applicable for this LTC Annual Report filing.<br><b>Comments:</b> |                                     |              |
| <b>Bypassed - Item:</b> Outline of Coverage<br><b>Bypass Reason:</b> Not applicable for this LTC Annual Report filing.<br><b>Comments:</b>              |                                     |              |
| <b>Satisfied - Item:</b> LTC Claims Denial Report<br><b>Comments:</b><br><b>Attachment:</b><br>AR Mutual LTC 2011 Denials.pdf                           | Accepted for Informational Purposes | 06/18/2012   |

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|   | <b>Item Status:</b>                 | <b>Status Date:</b> |
|---|-------------------------------------|---------------------|
| <b>Satisfied - Item:</b> LTC Replacement and Lapse Report | Accepted for Informational Purposes | 06/18/2012          |

**Comments:**

**Attachment:**

Mutual\_Arkansas.pdf



**Long-Term Care Insurance  
Replacement and Lapse Reporting Form**

**For the State of ARKANSAS**

**For the Reporting Year of 2011**

Company Name: **Mutual of Omaha Insurance Company**  
 Company Address: **Mutual of Omaha Plaza, Omaha, NE 68175**  
 Contact Person: **Rick Mapes**

Due: June 30 Annually  
 Company NAIC Number: **261-71412**  
 Phone Number: **(402)351-2642**

Instructions

The purpose of this form is to report, on a statewide basis, information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent, on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

**Listing of the 10% of Agents with the Greatest Percentage of Replacement**

| Agent's Name     | Number of Policies Sold By This Agent | Number of Policies Replaced By This Agent | Number of Replacements As % of Number Sold By This Agent |
|------------------|---------------------------------------|---|--|
| DANNY THOMASON   | 4                                     | 2   | 50%  |
| THOMAS MORGAN    | 1                                     | 1   | 100%   |
| TIMOTHY CAMPBELL | 23                                    | 3   | 13%  |

**Listing of the 10% of Agents with the Greatest Percentage of Lapse**

| Agent's Name     | Number of Policies Sold By This Agent | Number of Policies Lapsed By This Agent | Number of Lapses As % of Number Sold By This Agent |
|------------------|---------------------------------------|---|--|
| BOBBY DILLON     | 0                                     | 1                                       | 0%   |
| TIMOTHY CAMPBELL | 23                                    | 3                                       | 13%  |

**Company Totals**

Percentage of Replacement Policies Sold to Total Annual Sales **6%**

Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) **1%**

Percentage of Lapsed Policies to Total Annual Sales **4%**

Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) **1%**