State:	*Arkansas*	***Filing Company:***	*Mutual of Omaha Insurance Company*
TOI/Sub-TOI:	*H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*		
Product Name:	*Individual Disability Income Policy*		
Project Name/Number:	*/*		

Filing at a Glance

Company:	Mutual of Omaha Insurance Company
Product Name:	Individual Disability Income Policy
State:	Arkansas
TOI:	H11I Individual Health - Disability Income
Sub-TOI:	H11I.007 Long Term - Related to marketing with employer or association groups
Filing Type:	Rate
Date Submitted:	08/09/2012
SERFF Tr Num:	MUTA-128626128
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	SCHMIDT
Implementation Date Requested:	10/01/2012
Author(s):	Lori Cwach, Mary Miller, Greg Schmidt
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/17/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Filing Status Changed: 08/17/2012
State Status Changed: 08/17/2012
Created By: Greg Schmidt
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Overall Rate Impact:

Deemer Date:
Submitted By: Greg Schmidt

Filing Description:

Rate changes on 10-year and To-Age-67 benefit periods (reductions between 0 and 15%) for new business issues on and after 10/01/2012 or the approval date, whichever is later; new rate classes.

Company and Contact

Filing Contact Information

Greg Schmidt, Lead Actuarial Analyst
6 - Rerating
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

greg.schmidt@mutualofomaha.com
402-351-4003 [Phone]

Filing Company Information

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-2304 ext. [Phone]

CoCode: 71412
Group Code: 261
Group Name:
FEIN Number: 47-0246511

State of Domicile: Nebraska
Company Type: Health Insurance
State ID Number:

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Mutual of Omaha Insurance Company	$0.00	08/09/2012	
Mutual of Omaha Insurance Company	$50.00	08/14/2012	61646979

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/17/2012	08/17/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/13/2012	08/13/2012

Response Letters

Responded By	Created On	Date Submitted
Greg Schmidt	08/14/2012	08/14/2012

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

Disposition

Disposition Date: 08/17/2012
Implementation Date:
Status: Approved-Closed
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 req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Rate Exhibit	Approved-Closed	Yes

State:	*Arkansas*	**Filing Company:**	*Mutual of Omaha Insurance Company*
TOI/Sub-TOI:	*H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*		
Product Name:	*Individual Disability Income Policy*		
Project Name/Number:	*/*		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/13/2012
Submitted Date	08/13/2012
Respond By Date	

Dear Greg Schmidt,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form for a total of $50.00. Please submit the filing fee of $50.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

State:	*Arkansas*	**Filing Company:**	*Mutual of Omaha Insurance Company*
TOI/Sub-TOI:	*H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*		
Product Name:	*Individual Disability Income Policy*		
Project Name/Number:	*/*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2012
Submitted Date	08/14/2012

Dear Rosalind Minor,

Introduction:

Thank you for the information.

Response 1

Comments:

I've updated the Filing Fee information and added the $50 fee via EFT; the transaction number is 61646979.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is $50.00 per form for a total of $50.00. Please submit the filing fee of $50.00 for this submission.

We will begin our review of this submission upon receipt of the fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need anything else.

Sincerely,

Greg Schmidt

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Decrease
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision: 02/14/2007
Filing Method of Last Filing: SERFF

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 req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Approved-Closed 08/17/2012	Rate Exhibit	D81, 0LL3M	Revised	*Previous State Filing Number:*	*MUTM-125093681*	NATIONAL v08.08.2012.pdf
					Percent Rate Change Request:		

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 2 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	17.76	7.85	6.90	6.14
26	18.11	7.89	7.14	6.36
27	18.50	8.02	7.41	6.59
28	18.92	8.25	7.71	6.86
29	19.38	8.56	8.04	7.15
30	19.87	8.95	8.40	7.48
31	20.39	9.41	8.80	7.83
32	20.94	9.93	9.24	8.23
33	21.51	10.52	9.73	8.66
34	23.00	11.17	10.27	9.14
35	24.53	11.87	10.86	9.66
36	26.07	12.63	11.50	10.23
37	27.60	13.44	12.19	10.85
38	29.09	14.30	12.95	11.53
39	30.52	15.21	13.77	12.26
40	31.91	16.17	14.66	13.05
41	33.23	17.20	15.62	13.90
42	34.50	18.28	16.65	14.81
43	35.73	19.43	17.75	15.80
44	36.94	20.64	18.93	16.85
45	38.16	21.93	20.19	17.97
46	39.42	23.30	21.53	19.16
47	40.77	24.76	22.96	20.44
48	42.24	26.32	24.48	21.79
49	43.90	27.98	26.09	23.22
50	45.81	29.76	27.79	24.73
51	48.04	31.66	29.59	26.33
52	50.65	33.71	31.49	28.02
53	53.74	35.90	33.48	29.80
54	57.39	38.26	35.59	31.67
55	61.69	40.79	37.80	33.64
56	66.76	43.52	40.32	35.89
57	72.69	46.46	43.05	38.31
58	79.61	49.63	45.98	40.92
59	87.64	53.04	49.14	43.74
60	96.91	56.71	52.54	46.76
61	107.56	60.67	56.21	50.03

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 5 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	20.50	10.19	9.05	8.05
26	21.01	11.04	10.18	9.06
27	21.49	11.79	11.11	9.88
28	21.93	12.49	11.88	10.57
29	22.37	13.14	12.54	11.16
30	22.79	13.79	13.14	11.69
31	24.38	14.46	13.70	12.19
32	26.19	15.16	14.26	12.69
33	28.17	15.93	14.85	13.22
34	30.27	16.78	15.51	13.81
35	32.47	17.72	16.26	14.47
36	34.73	18.78	17.13	15.24
37	37.03	19.97	18.12	16.13
38	39.35	21.30	19.26	17.14
39	41.69	22.79	20.57	18.31
40	44.03	24.44	22.05	19.63
41	46.39	26.26	23.72	21.11
42	48.77	28.26	25.57	22.76
43	51.20	30.44	27.61	24.57
44	53.70	32.81	29.84	26.56
45	56.31	35.36	32.26	28.71
46	59.06	38.10	34.86	31.02
47	62.00	41.02	37.63	33.49
48	65.18	44.12	40.55	36.09
49	68.67	47.40	43.61	38.81
50	72.53	50.85	46.80	41.65
51	76.84	54.45	50.08	44.57
52	81.68	58.21	53.45	47.57
53	87.13	62.10	56.86	50.60
54	93.30	66.11	60.29	53.65
55	100.28	70.23	63.70	56.69
56	108.18	74.44	67.06	59.68
57	117.13	78.72	70.33	62.59
58	127.24	83.05	73.47	65.38
59	138.65	87.41	76.42	68.02
60	151.49	91.77	79.15	70.44
61	165.90	96.12	81.60	72.62

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 10 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	40.75	15.46	13.21	11.76
26	44.22	17.33	14.91	13.28
27	47.12	18.79	16.26	14.47
28	49.57	19.97	17.34	15.44
29	51.71	20.93	18.23	16.23
30	53.61	21.75	18.98	16.89
31	55.41	22.50	19.67	17.51
32	57.19	23.23	20.33	18.10
33	59.00	24.01	21.04	18.72
34	60.96	24.89	21.82	19.42
35	63.08	25.89	22.72	20.21
36	65.44	27.07	23.76	21.15
37	68.07	28.45	24.98	22.23
38	71.00	30.06	26.39	23.49
39	74.25	31.91	28.02	24.93
40	77.84	33.99	29.85	26.57
41	81.77	36.34	31.91	28.40
42	86.01	38.94	34.20	30.44
43	90.57	41.78	36.68	32.65
44	95.40	44.84	39.38	35.05
45	100.48	48.10	42.24	37.59
46	105.74	51.53	45.26	40.28
47	111.15	55.10	48.39	43.07
48	116.62	58.75	51.62	45.94
49	122.09	62.46	54.87	48.84
50	127.45	66.15	58.13	51.73
51	132.62	69.77	61.33	54.58
52	137.49	73.25	64.40	57.31
53	141.95	76.51	67.28	59.88
54	145.86	79.47	69.90	62.21
55	149.10	82.04	72.19	64.25
56	151.52	84.14	72.64	64.65
57	153.76	85.65	73.09	65.05
58	155.52	85.96	73.54	65.45
59	162.46	89.10	76.42	68.02
60	169.11	92.05	79.15	70.44
61	177.91	96.12	82.86	73.75

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male To Age 67 Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	55.00	21.41	18.73	16.67
26	57.94	22.81	20.04	17.84
27	60.69	24.06	21.21	18.88
28	63.29	25.20	22.26	19.81
29	65.79	26.27	23.25	20.69
30	68.24	27.31	24.20	21.54
31	70.68	28.36	25.14	22.38
32	73.13	29.44	26.11	23.24
33	75.63	30.59	27.13	24.15
34	78.21	31.83	28.21	25.11
35	80.87	33.17	29.38	26.15
36	83.65	34.63	30.66	27.29
37	86.54	36.22	32.04	28.52
38	89.56	37.95	33.54	29.85
39	92.70	39.83	35.16	31.30
40	95.97	41.86	36.92	32.86
41	99.35	44.02	38.79	34.53
42	102.82	46.33	40.78	36.30
43	106.39	48.75	42.88	38.17
44	110.00	51.28	45.08	40.12
45	113.65	53.91	47.35	42.14
46	117.31	56.60	49.69	44.23
47	120.92	59.34	52.07	46.34
48	124.47	62.08	54.46	48.47
49	127.88	64.80	56.83	50.58
50	131.12	67.47	59.16	52.66
51	134.13	70.03	61.41	54.66
52	138.82	73.49	64.45	57.35
53	143.01	76.71	67.28	59.88
54	146.75	79.68	69.90	62.22
55	149.79	82.27	72.20	64.25
56	152.06	84.14	72.78	64.78
57	153.76	85.65	73.09	65.05
58	155.52	85.96	73.54	65.45
59	162.46	89.10	76.42	68.02
60	169.11	92.05	79.15	70.44
61	177.91	96.12	82.86	73.75

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 2 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	15.37	7.52	6.63	5.90
26	15.45	7.56	6.81	6.06
27	15.56	7.66	7.02	6.24
28	15.69	7.84	7.24	6.44
29	15.86	8.08	7.48	6.66
30	16.04	8.38	7.76	6.90
31	16.25	8.73	8.06	7.17
32	17.23	9.14	8.39	7.46
33	18.30	9.59	8.75	7.79
34	19.45	10.08	9.15	8.15
35	20.64	10.62	9.59	8.54
36	21.83	11.20	10.07	8.97
37	23.01	11.82	10.60	9.43
38	24.17	12.49	11.17	9.94
39	25.29	13.19	11.79	10.49
40	26.36	13.93	12.45	11.08
41	27.39	14.73	13.17	11.73
42	28.38	15.56	13.95	12.42
43	29.34	16.45	14.78	13.16
44	30.29	17.39	15.67	13.95
45	31.24	18.39	16.62	14.79
46	32.23	19.44	17.63	15.69
47	33.28	20.57	18.71	16.65
48	34.43	21.77	19.85	17.67
49	35.73	23.05	21.06	18.74
50	37.21	24.42	22.34	19.88
51	38.94	25.88	23.68	21.08
52	40.96	27.45	25.11	22.34
53	43.35	29.13	26.60	23.67
54	46.16	30.93	28.17	25.07
55	49.48	32.87	29.81	26.53
56	53.37	34.95	31.70	28.21
57	57.93	37.18	33.73	30.02
58	63.25	39.58	35.90	31.95
59	69.41	42.16	38.25	34.04
60	76.52	44.94	40.76	36.28
61	84.68	47.92	43.47	38.69

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 5 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	15.97	8.32	7.24	6.44
26	16.17	8.74	7.84	6.98
27	16.37	9.15	8.36	7.44
28	16.57	9.56	8.80	7.84
29	16.78	9.97	9.21	8.20
30	16.99	10.41	9.59	8.54
31	18.11	10.88	9.97	8.87
32	19.40	11.38	10.36	9.22
33	20.82	11.94	10.78	9.59
34	22.33	12.55	11.24	10.01
35	23.90	13.22	11.76	10.47
36	25.51	13.97	12.35	10.99
37	27.13	14.79	13.02	11.58
38	28.74	15.71	13.77	12.26
39	30.34	16.71	14.63	13.02
40	31.93	17.81	15.58	13.87
41	33.51	19.01	16.65	14.82
42	35.09	20.33	17.82	15.86
43	36.68	21.75	19.12	17.01
44	38.30	23.29	20.53	18.27
45	39.98	24.95	22.05	19.63
46	41.76	26.74	23.69	21.09
47	43.67	28.65	25.44	22.64
48	45.76	30.68	27.30	24.30
49	48.08	32.85	29.27	26.05
50	50.68	35.15	31.32	27.88
51	53.63	37.57	33.47	29.79
52	56.99	40.13	35.69	31.76
53	60.84	42.82	37.98	33.80
54	65.26	45.65	40.32	35.89
55	70.33	48.60	42.71	38.01
56	76.15	51.68	45.12	40.16
57	82.82	54.89	47.54	42.31
58	90.43	58.22	49.95	44.46
59	99.11	61.67	52.34	46.58
60	108.96	65.25	54.68	48.66
61	120.10	68.93	56.95	50.68

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 10 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	26.46	10.43	8.77	7.80
26	28.28	11.39	9.63	8.57
27	29.83	12.17	10.33	9.20
28	31.18	12.81	10.91	9.71
29	32.39	13.36	11.39	10.14
30	33.51	13.83	11.84	10.53
31	34.59	14.29	12.24	10.89
32	35.67	14.75	12.65	11.26
33	36.79	15.25	13.09	11.65
34	38.00	15.80	13.56	12.07
35	39.31	16.43	14.11	12.56
36	40.76	17.17	14.75	13.12
37	42.36	18.02	15.48	13.78
38	44.14	18.99	16.32	14.52
39	46.10	20.10	17.27	15.37
40	48.26	21.36	18.35	16.33
41	50.61	22.75	19.55	17.40
42	53.15	24.30	20.88	18.59
43	55.88	25.98	22.33	19.87
44	58.80	27.81	23.90	21.27
45	61.87	29.76	25.58	22.76
46	65.08	31.83	27.35	24.35
47	68.41	34.00	29.21	26.00
48	71.83	36.25	31.15	27.72
49	75.29	38.56	33.14	29.49
50	78.79	40.90	35.15	31.28
51	82.24	43.25	37.18	33.08
52	85.64	45.58	39.18	34.87
53	88.89	47.84	41.13	36.60
54	91.97	50.00	43.00	38.27
55	94.81	52.04	44.76	39.83
56	97.33	53.89	46.35	41.26
57	99.47	55.52	47.75	42.51
58	103.55	58.22	50.08	44.57
59	108.97	61.67	53.05	47.22
60	116.64	65.25	55.01	48.97
61	124.53	68.93	57.03	50.76

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male To Age 67 Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	32.42	12.91	11.09	9.87
26	33.98	13.66	11.78	10.48
27	35.45	14.32	12.39	11.02
28	36.86	14.94	12.95	11.53
29	38.22	15.53	13.49	12.00
30	39.56	16.11	14.00	12.46
31	40.91	16.69	14.53	12.93
32	42.29	17.31	15.06	13.40
33	43.71	17.96	15.63	13.91
34	45.18	18.67	16.24	14.45
35	46.72	19.44	16.91	15.05
36	48.33	20.29	17.63	15.69
37	50.03	21.22	18.42	16.40
38	51.82	22.24	19.29	17.16
39	53.71	23.35	20.23	18.00
40	55.69	24.56	21.25	18.91
41	57.77	25.86	22.36	19.90
42	59.93	27.25	23.54	20.94
43	62.17	28.73	24.79	22.07
44	64.50	30.29	26.11	23.24
45	66.88	31.93	27.51	24.48
46	69.32	33.64	28.96	25.77
47	71.79	35.40	30.46	27.11
48	74.29	37.20	31.99	28.47
49	76.78	39.04	33.54	29.85
50	79.35	40.92	35.15	31.29
51	82.79	43.30	37.18	33.09
52	86.13	45.63	39.18	34.87
53	89.34	47.92	41.13	36.61
54	92.33	50.09	43.00	38.27
55	95.10	52.14	44.76	39.84
56	97.53	53.98	46.35	41.26
57	99.47	55.52	47.75	42.51
58	103.55	58.22	50.08	44.57
59	108.97	61.67	53.05	47.22
60	116.64	65.25	55.01	48.97
61	124.53	68.93	57.03	50.76

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female 10 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	61.13	23.19	19.83	17.64
26	64.32	24.69	21.23	18.89
27	67.28	26.04	22.50	20.03
28	70.08	27.31	23.68	21.08
29	72.75	28.50	24.80	22.08
30	75.34	29.69	25.89	23.05
31	77.89	30.88	26.98	24.01
32	80.43	32.11	28.10	25.01
33	83.00	33.41	29.26	26.05
34	85.62	34.78	30.49	27.14
35	88.31	36.25	31.81	28.31
36	91.09	37.84	33.21	29.56
37	93.98	39.55	34.72	30.90
38	96.97	41.38	36.34	32.34
39	100.06	43.35	38.07	33.89
40	103.28	45.46	39.92	35.53
41	106.59	47.69	41.89	37.28
42	109.99	50.05	43.96	39.12
43	113.47	52.52	46.12	41.05
44	117.01	55.07	48.37	43.05
45	120.57	57.72	50.69	45.12
46	124.14	60.42	53.06	47.22
47	127.67	63.14	55.47	49.37
48	131.13	65.88	57.87	51.51
49	134.48	68.59	60.26	53.63
50	137.66	71.24	62.60	55.71
51	140.62	73.78	64.85	57.71
52	143.31	76.19	66.97	59.60
53	145.67	78.39	68.93	61.34
54	147.62	80.36	70.69	62.91
55	149.10	82.04	72.19	64.25
56	151.52	84.14	72.64	64.65
57	153.76	85.65	73.09	65.05
58	155.52	85.96	73.54	65.45
59	162.46	89.10	76.42	68.02
60	169.11	92.05	79.15	70.44
61	177.91	96.12	82.86	73.75

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female To Age 67 Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	82.51	32.11	28.09	25.01
26	85.66	33.31	29.27	26.05
27	88.83	34.56	30.47	27.12
28	91.99	35.85	31.70	28.21
29	95.12	37.20	32.95	29.32
30	98.25	38.61	34.22	30.46
31	101.34	40.06	35.53	31.63
32	104.39	41.57	36.88	32.83
33	107.40	43.15	38.27	34.06
34	110.34	44.76	39.69	35.32
35	113.22	46.44	41.14	36.61
36	116.03	48.15	42.63	37.94
37	118.75	49.91	44.15	39.29
38	121.38	51.71	45.70	40.66
39	123.90	53.54	47.26	42.07
40	126.32	55.39	48.85	43.48
41	128.61	57.26	50.45	44.91
42	130.77	59.13	52.05	46.33
43	132.80	61.00	53.66	47.75
44	134.67	62.86	55.25	49.17
45	136.38	64.69	56.82	50.58
46	137.18	66.48	58.36	51.94
47	137.96	68.22	59.87	53.28
48	138.70	69.90	61.31	54.56
49	139.41	71.49	62.69	55.79
50	140.09	72.98	63.99	56.95
51	140.72	74.36	65.20	58.02
52	143.31	76.68	67.23	59.83
53	145.67	78.77	69.08	61.49
54	147.87	80.67	70.77	62.98
55	149.79	82.27	72.20	64.25
56	152.06	84.14	72.78	64.78
57	153.76	85.65	73.09	65.05
58	155.52	85.96	73.54	65.45
59	162.46	89.10	76.42	68.02
60	169.11	92.05	79.15	70.44
61	177.91	96.12	82.86	73.75

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee

Male/Female Senior Ages
ISSUES 10/01/2012 AND AFTER

Attained Age	Elimination Periods (Days)			
	60	90	180	365
67	194.42	85.18	78.92	70.24
68	217.40	91.27	84.56	75.26
69	242.92	97.80	90.61	80.64
70	271.16	104.78	97.08	86.40
71	299.39	111.77	103.55	92.16
72	327.63	118.76	110.03	97.92
73	355.86	125.74	116.50	103.68
74	384.10	132.73	122.97	109.44
75	412.33	139.72	129.44	115.21

D81 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 2 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	23.05	11.29	9.94	8.85
26	23.20	11.47	9.97	8.87
27	23.36	11.66	10.10	8.99
28	23.51	11.85	10.31	9.18
29	23.66	12.04	10.60	9.44
30	23.81	12.23	10.96	9.75
31	23.97	12.42	11.37	10.12
32	25.09	12.96	11.83	10.53
33	26.32	13.56	12.33	10.98
34	27.60	14.20	12.87	11.45
35	28.89	14.87	13.43	11.95
36	30.15	15.56	14.01	12.47
37	31.35	16.27	14.62	13.01
38	32.47	16.98	15.23	13.56
39	33.49	17.70	15.87	14.12
40	34.40	18.42	16.51	14.69
41	35.21	19.14	17.17	15.28
42	35.90	19.86	17.84	15.87
43	36.50	20.58	18.52	16.48
44	37.02	21.32	19.22	17.11
45	37.49	22.06	19.94	17.75
46	37.94	22.83	20.69	18.42
47	38.40	23.63	21.47	19.11
48	38.92	24.47	22.29	19.84
49	39.55	25.37	23.15	20.61
50	40.36	26.34	24.07	21.42
51	41.40	27.39	25.05	22.29
52	42.75	28.55	26.10	23.23
53	44.49	29.84	27.24	24.24
54	46.70	31.27	28.47	25.34
55	49.48	32.87	29.81	26.53
56	53.37	34.95	31.70	28.21
57	57.93	37.18	33.73	30.02
58	63.25	39.58	35.90	31.95
59	69.41	42.16	38.25	34.04
60	76.52	44.94	40.76	36.28
61	84.68	47.92	43.47	38.69

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 5 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	23.95	12.48	10.86	9.66
26	24.08	12.65	11.26	10.02
27	24.27	12.95	11.70	10.41
28	24.49	13.36	12.16	10.83
29	24.76	13.87	12.67	11.27
30	25.07	14.48	13.20	11.75
31	26.47	15.16	13.78	12.26
32	28.07	15.91	14.39	12.81
33	29.81	16.72	15.04	13.39
34	31.63	17.59	15.73	14.00
35	33.47	18.51	16.47	14.65
36	35.29	19.47	17.24	15.35
37	37.06	20.47	18.06	16.08
38	38.75	21.52	18.93	16.85
39	40.35	22.60	19.85	17.66
40	41.84	23.71	20.81	18.52
41	43.23	24.87	21.83	19.43
42	44.52	26.07	22.90	20.38
43	45.72	27.31	24.03	21.39
44	46.87	28.60	25.22	22.44
45	47.98	29.94	26.46	23.55
46	49.11	31.35	27.77	24.71
47	50.29	32.83	29.14	25.93
48	51.60	34.39	30.58	27.21
49	53.07	36.05	32.08	28.55
50	54.81	37.80	33.66	29.96
51	56.87	39.67	35.31	31.43
52	59.35	41.67	37.04	32.97
53	62.35	43.81	38.85	34.57
54	65.97	46.12	40.74	36.25
55	70.33	48.60	42.71	38.01
56	76.15	51.68	45.12	40.16
57	82.82	54.89	47.54	42.31
58	90.43	58.22	49.95	44.46
59	99.11	61.67	52.34	46.58
60	108.96	65.25	54.68	48.66
61	120.10	68.93	56.95	50.68

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 10 Year Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	39.69	15.65	13.15	11.70
26	41.27	16.35	13.82	12.29
27	42.80	17.04	14.45	12.86
28	44.31	17.70	15.06	13.40
29	45.79	18.37	15.67	13.94
30	47.28	19.04	16.28	14.49
31	48.77	19.76	16.91	15.05
32	50.28	20.49	17.57	15.63
33	51.83	21.28	18.25	16.25
34	53.41	22.11	18.98	16.89
35	55.04	23.01	19.76	17.59
36	56.71	23.97	20.59	18.32
37	58.45	24.99	21.47	19.12
38	60.23	26.09	22.42	19.95
39	62.07	27.26	23.43	20.85
40	63.98	28.50	24.50	21.80
41	65.93	29.82	25.62	22.81
42	67.95	31.20	26.81	23.86
43	70.00	32.65	28.05	24.97
44	72.11	34.16	29.35	26.12
45	74.24	35.72	30.69	27.32
46	76.39	37.32	32.07	28.54
47	78.57	38.97	33.49	29.80
48	80.75	40.64	34.93	31.09
49	82.92	42.34	36.38	32.38
50	85.06	44.03	37.85	33.68
51	87.16	45.72	39.29	34.97
52	89.21	47.38	40.73	36.24
53	91.18	49.00	42.12	37.49
54	93.05	50.55	43.47	38.69
55	94.81	52.04	44.76	39.83
56	97.33	53.89	46.35	41.26
57	99.47	55.52	47.75	42.51
58	103.55	58.22	50.08	44.57
59	108.97	61.67	53.05	47.22
60	116.64	65.25	55.01	48.97
61	124.53	68.93	57.03	50.76

Mutual of Omaha Insurance Company
Omaha, Nebraska
Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female To Age 67 Benefit Period
ISSUES 10/01/2012 AND AFTER

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	48.63	19.37	16.63	14.81
26	50.18	19.94	17.20	15.31
27	51.80	20.56	17.80	15.84
28	53.45	21.24	18.43	16.40
29	55.13	21.96	19.08	16.98
30	56.84	22.73	19.78	17.60
31	58.56	23.55	20.50	18.24
32	60.28	24.40	21.25	18.91
33	62.00	25.30	22.03	19.60
34	63.71	26.24	22.83	20.32
35	65.40	27.22	23.66	21.06
36	67.07	28.22	24.52	21.82
37	68.71	29.26	25.40	22.60
38	70.30	30.33	26.30	23.40
39	71.87	31.42	27.22	24.23
40	73.39	32.53	28.15	25.05
41	74.86	33.67	29.10	25.90
42	76.29	34.82	30.06	26.76
43	77.66	35.97	31.04	27.63
44	78.99	37.15	32.02	28.50
45	80.26	38.33	33.01	29.38
46	81.47	39.50	34.00	30.26
47	82.65	40.68	34.99	31.14
48	83.76	41.85	35.97	32.02
49	84.82	43.01	36.96	32.90
50	85.94	44.21	37.97	33.79
51	88.00	45.91	39.42	35.09
52	89.94	47.55	40.83	36.33
53	91.78	49.16	42.19	37.56
54	93.50	50.68	43.51	38.72
55	95.10	52.14	44.76	39.84
56	97.53	53.98	46.35	41.26
57	99.47	55.52	47.75	42.51
58	103.55	58.22	50.08	44.57
59	108.97	61.67	53.05	47.22
60	116.64	65.25	55.01	48.97
61	124.53	68.93	57.03	50.76

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 2 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	17.76	7.85	6.90	6.14
26	18.11	7.89	7.14	6.36
27	18.50	8.02	7.41	6.59
28	18.92	8.25	7.71	6.86
29	19.38	8.56	8.04	7.15
30	19.87	8.95	8.40	7.48
31	20.39	9.41	8.80	7.83
32	20.94	9.93	9.24	8.23
33	21.51	10.52	9.73	8.66
34	23.00	11.17	10.27	9.14
35	24.53	11.87	10.86	9.66
36	26.07	12.63	11.50	10.23
37	27.60	13.44	12.19	10.85
38	29.09	14.30	12.95	11.53
39	30.52	15.21	13.77	12.26
40	31.91	16.17	14.66	13.05
41	33.23	17.20	15.62	13.90
42	34.50	18.28	16.65	14.81
43	35.73	19.43	17.75	15.80
44	36.94	20.64	18.93	16.85
45	38.16	21.93	20.19	17.97
46	39.42	23.30	21.53	19.16
47	40.77	24.76	22.96	20.44
48	42.24	26.32	24.48	21.79
49	43.90	27.98	26.09	23.22
50	45.81	29.76	27.79	24.73
51	48.04	31.66	29.59	26.33
52	50.65	33.71	31.49	28.02
53	53.74	35.90	33.48	29.80
54	57.39	38.26	35.59	31.67
55	61.69	40.79	37.80	33.64
56	66.76	43.52	40.32	35.89
57	72.69	46.46	43.05	38.31
58	79.61	49.63	45.98	40.92
59	87.64	53.04	49.14	43.74
60	96.91	56.71	52.54	46.76
61	107.56	60.67	56.21	50.03

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 5 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	20.50	10.19	9.05	8.05
26	21.01	11.04	10.18	9.06
27	21.49	11.79	11.11	9.88
28	21.93	12.49	11.88	10.57
29	22.37	13.14	12.54	11.16
30	22.79	13.79	13.14	11.69
31	24.38	14.46	13.70	12.19
32	26.19	15.16	14.26	12.69
33	28.17	15.93	14.85	13.22
34	30.27	16.78	15.51	13.81
35	32.47	17.72	16.26	14.47
36	34.73	18.78	17.13	15.24
37	37.03	19.97	18.12	16.13
38	39.35	21.30	19.26	17.14
39	41.69	22.79	20.57	18.31
40	44.03	24.44	22.05	19.63
41	46.39	26.26	23.72	21.11
42	48.77	28.26	25.57	22.76
43	51.20	30.44	27.61	24.57
44	53.70	32.81	29.84	26.56
45	56.31	35.36	32.26	28.71
46	59.06	38.10	34.86	31.02
47	62.00	41.02	37.63	33.49
48	65.18	44.12	40.55	36.09
49	68.67	47.40	43.61	38.81
50	72.53	50.85	46.80	41.65
51	76.84	54.45	50.08	44.57
52	81.68	58.21	53.45	47.57
53	87.13	62.10	56.86	50.60
54	93.30	66.11	60.29	53.65
55	100.28	70.23	63.70	56.69
56	108.18	74.44	67.06	59.68
57	117.13	78.72	70.33	62.59
58	127.24	83.05	73.47	65.38
59	138.65	87.41	76.42	68.02
60	151.49	91.77	79.15	70.44
61	165.90	96.12	81.60	72.62

D81 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male 10 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	45.28	17.18	14.68	13.07
26	49.13	19.25	16.57	14.75
27	52.35	20.88	18.07	16.08
28	55.08	22.19	19.27	17.15
29	57.45	23.26	20.25	18.03
30	59.57	24.17	21.09	18.77
31	61.57	25.00	21.85	19.45
32	63.54	25.81	22.59	20.11
33	65.56	26.68	23.38	20.80
34	67.73	27.65	24.24	21.58
35	70.09	28.77	25.24	22.46
36	72.71	30.08	26.40	23.50
37	75.63	31.61	27.75	24.70
38	78.89	33.40	29.32	26.10
39	82.50	35.45	31.13	27.70
40	86.49	37.77	33.17	29.52
41	90.85	40.38	35.46	31.56
42	95.57	43.27	38.00	33.82
43	100.63	46.42	40.76	36.28
44	106.00	49.82	43.75	38.94
45	111.64	53.44	46.93	41.77
46	117.49	57.25	50.29	44.76
47	123.50	61.22	53.77	47.86
48	129.58	65.28	57.35	51.04
49	135.65	69.40	60.97	54.27
50	141.61	73.50	64.59	57.48
51	147.36	77.52	68.14	60.64
52	152.77	81.39	71.55	63.68
53	157.72	85.01	74.75	66.53
54	162.07	88.30	77.67	69.12
55	165.67	91.16	80.21	71.39
56	168.35	93.49	80.71	71.83
57	170.84	95.17	81.21	72.28
58	172.80	95.51	81.71	72.72
59	174.76	95.85	82.21	73.17
60	176.72	96.19	82.71	73.61
61	178.67	96.53	83.21	74.06

D81 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Male To Age 67 Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	64.71	25.19	22.04	19.61
26	68.17	26.84	23.58	20.99
27	71.40	28.31	24.95	22.21
28	74.46	29.65	26.19	23.31
29	77.40	30.91	27.35	24.34
30	80.28	32.13	28.47	25.34
31	83.15	33.37	29.58	26.33
32	86.03	34.64	30.72	27.34
33	88.98	35.99	31.92	28.41
34	92.01	37.45	33.19	29.54
35	95.14	39.02	34.57	30.77
36	98.41	40.74	36.07	32.10
37	101.81	42.61	37.69	33.55
38	105.36	44.65	39.46	35.12
39	109.06	46.86	41.37	36.82
40	112.90	49.25	43.43	38.66
41	116.88	51.79	45.64	40.62
42	120.97	54.50	47.98	42.70
43	125.16	57.35	50.45	44.90
44	129.41	60.33	53.03	47.20
45	133.71	63.42	55.71	49.58
46	138.01	66.59	58.46	52.03
47	142.26	69.81	61.26	54.52
48	146.43	73.04	64.07	57.02
49	150.45	76.24	66.86	59.51
50	154.26	79.38	69.60	61.95
51	157.80	82.39	72.25	64.30
52	161.01	85.24	74.75	66.52
53	163.79	87.86	77.05	68.58
54	166.08	90.18	79.11	70.41
55	167.78	92.15	80.87	71.97
56	169.32	93.69	81.04	72.13
57	170.84	95.17	81.21	72.28
58	172.80	95.51	81.71	72.72
59	174.76	95.85	82.21	73.17
60	176.72	96.19	82.71	73.61
61	178.67	96.53	83.21	74.06

D81 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 2 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	15.37	7.52	6.63	5.90
26	15.45	7.56	6.81	6.06
27	15.56	7.66	7.02	6.24
28	15.69	7.84	7.24	6.44
29	15.86	8.08	7.48	6.66
30	16.04	8.38	7.76	6.90
31	16.25	8.73	8.06	7.17
32	17.23	9.14	8.39	7.46
33	18.30	9.59	8.75	7.79
34	19.45	10.08	9.15	8.15
35	20.64	10.62	9.59	8.54
36	21.83	11.20	10.07	8.97
37	23.01	11.82	10.60	9.43
38	24.17	12.49	11.17	9.94
39	25.29	13.19	11.79	10.49
40	26.36	13.93	12.45	11.08
41	27.39	14.73	13.17	11.73
42	28.38	15.56	13.95	12.42
43	29.34	16.45	14.78	13.16
44	30.29	17.39	15.67	13.95
45	31.24	18.39	16.62	14.79
46	32.23	19.44	17.63	15.69
47	33.28	20.57	18.71	16.65
48	34.43	21.77	19.85	17.67
49	35.73	23.05	21.06	18.74
50	37.21	24.42	22.34	19.88
51	38.94	25.88	23.68	21.08
52	40.96	27.45	25.11	22.34
53	43.35	29.13	26.60	23.67
54	46.16	30.93	28.17	25.07
55	49.48	32.87	29.81	26.53
56	53.37	34.95	31.70	28.21
57	57.93	37.18	33.73	30.02
58	63.25	39.58	35.90	31.95
59	69.41	42.16	38.25	34.04
60	76.52	44.94	40.76	36.28
61	84.68	47.92	43.47	38.69

0LL3 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 5 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	15.97	8.32	7.24	6.44
26	16.17	8.74	7.84	6.98
27	16.37	9.15	8.36	7.44
28	16.57	9.56	8.80	7.84
29	16.78	9.97	9.21	8.20
30	16.99	10.41	9.59	8.54
31	18.11	10.88	9.97	8.87
32	19.40	11.38	10.36	9.22
33	20.82	11.94	10.78	9.59
34	22.33	12.55	11.24	10.01
35	23.90	13.22	11.76	10.47
36	25.51	13.97	12.35	10.99
37	27.13	14.79	13.02	11.58
38	28.74	15.71	13.77	12.26
39	30.34	16.71	14.63	13.02
40	31.93	17.81	15.58	13.87
41	33.51	19.01	16.65	14.82
42	35.09	20.33	17.82	15.86
43	36.68	21.75	19.12	17.01
44	38.30	23.29	20.53	18.27
45	39.98	24.95	22.05	19.63
46	41.76	26.74	23.69	21.09
47	43.67	28.65	25.44	22.64
48	45.76	30.68	27.30	24.30
49	48.08	32.85	29.27	26.05
50	50.68	35.15	31.32	27.88
51	53.63	37.57	33.47	29.79
52	56.99	40.13	35.69	31.76
53	60.84	42.82	37.98	33.80
54	65.26	45.65	40.32	35.89
55	70.33	48.60	42.71	38.01
56	76.15	51.68	45.12	40.16
57	82.82	54.89	47.54	42.31
58	90.43	58.22	49.95	44.46
59	99.11	61.67	52.34	46.58
60	108.96	65.25	54.68	48.66
61	120.10	68.93	56.95	50.68

0LL3 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male 10 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	29.40	11.59	9.74	8.67
26	31.42	12.66	10.70	9.52
27	33.14	13.52	11.48	10.22
28	34.64	14.23	12.12	10.79
29	35.99	14.84	12.66	11.27
30	37.23	15.37	13.15	11.70
31	38.43	15.88	13.60	12.10
32	39.63	16.39	14.05	12.51
33	40.88	16.94	14.54	12.94
34	42.22	17.56	15.07	13.41
35	43.68	18.26	15.68	13.96
36	45.29	19.08	16.39	14.58
37	47.07	20.02	17.20	15.31
38	49.04	21.10	18.13	16.13
39	51.22	22.33	19.19	17.08
40	53.62	23.73	20.39	18.14
41	56.23	25.28	21.72	19.33
42	59.06	27.00	23.20	20.65
43	62.09	28.87	24.81	22.08
44	65.33	30.90	26.55	23.63
45	68.74	33.07	28.42	25.29
46	72.31	35.37	30.39	27.05
47	76.01	37.78	32.46	28.89
48	79.81	40.28	34.61	30.80
49	83.66	42.84	36.82	32.77
50	87.54	45.44	39.06	34.76
51	91.38	48.05	41.31	36.76
52	95.15	50.64	43.53	38.74
53	98.77	53.15	45.70	40.67
54	102.19	55.56	47.78	42.52
55	105.34	57.82	49.73	44.26
56	108.14	59.88	51.50	45.84
57	110.52	61.69	53.06	47.23
58	112.39	63.19	54.36	48.38
59	113.67	64.33	55.34	49.26
60	120.00	67.13	56.60	50.38
61	126.34	69.93	57.86	51.50

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Male To Age 67 Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	38.14	15.19	13.05	11.61
26	39.98	16.07	13.86	12.33
27	41.71	16.85	14.58	12.97
28	43.36	17.58	15.24	13.56
29	44.96	18.27	15.87	14.12
30	46.54	18.95	16.47	14.66
31	48.13	19.64	17.09	15.21
32	49.75	20.36	17.72	15.77
33	51.42	21.13	18.39	16.36
34	53.15	21.96	19.11	17.00
35	54.96	22.87	19.89	17.70
36	56.86	23.87	20.74	18.46
37	58.86	24.97	21.67	19.29
38	60.97	26.17	22.69	20.19
39	63.19	27.47	23.80	21.18
40	65.52	28.89	25.00	22.25
41	67.96	30.42	26.30	23.41
42	70.50	32.06	27.69	24.64
43	73.14	33.80	29.16	25.96
44	75.88	35.64	30.72	27.34
45	78.68	37.57	32.36	28.80
46	81.55	39.58	34.07	30.32
47	84.46	41.65	35.83	31.89
48	87.40	43.77	37.63	33.49
49	90.33	45.93	39.46	35.12
50	93.24	48.09	41.31	36.77
51	96.09	50.25	43.15	38.41
52	98.86	52.37	44.97	40.02
53	101.50	54.44	46.73	41.59
54	103.99	56.41	48.43	43.10
55	106.28	58.27	50.02	44.52
56	108.34	59.97	51.49	45.83
57	110.52	61.69	53.06	47.23
58	112.39	63.19	54.36	48.38
59	113.67	64.33	55.34	49.26
60	120.00	67.13	56.60	50.38
61	126.34	69.93	57.86	51.50

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female 2 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	26.64	11.78	10.35	9.21
26	27.13	12.04	10.39	9.25
27	27.62	12.30	10.58	9.41
28	28.11	12.56	10.88	9.68
29	28.60	12.82	11.28	10.04
30	29.09	13.08	11.78	10.48
31	29.58	13.34	12.35	10.99
32	30.25	14.06	12.99	11.56
33	30.96	14.86	13.68	12.18
34	32.64	15.72	14.42	12.83
35	34.34	16.62	15.20	13.53
36	36.00	17.55	16.00	14.24
37	37.58	18.50	16.84	14.99
38	39.06	19.46	17.69	15.75
39	40.41	20.43	18.57	16.53
40	41.63	21.40	19.46	17.32
41	42.70	22.37	20.37	18.13
42	43.63	23.34	21.30	18.96
43	44.44	24.32	22.25	19.80
44	45.15	25.31	23.22	20.67
45	45.79	26.32	24.23	21.56
46	46.40	27.36	25.26	22.49
47	47.03	28.44	26.34	23.45
48	47.74	29.57	27.48	24.45
49	48.60	30.78	28.67	25.51
50	49.68	32.08	29.93	26.64
51	51.07	33.50	31.28	27.84
52	52.85	35.05	32.72	29.12
53	55.15	36.76	34.28	30.51
54	58.05	38.67	35.96	32.01
55	61.69	40.79	37.80	33.64
56	66.76	43.52	40.32	35.89
57	72.69	46.46	43.05	38.31
58	79.61	49.63	45.98	40.92
59	87.64	53.04	49.14	43.74
60	96.91	56.71	52.54	46.76
61	107.56	60.67	56.21	50.03

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female 5 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	30.76	15.28	13.57	12.08
26	31.19	15.78	14.42	12.83
27	31.67	16.40	15.26	13.58
28	32.20	17.13	16.09	14.32
29	32.77	17.96	16.93	15.07
30	33.37	18.89	17.79	15.83
31	35.42	19.91	18.68	16.63
32	37.73	21.01	19.62	17.46
33	40.22	22.20	20.61	18.34
34	42.82	23.47	21.65	19.27
35	45.46	24.81	22.77	20.26
36	48.09	26.23	23.96	21.32
37	50.67	27.72	25.23	22.45
38	53.16	29.29	26.58	23.66
39	55.54	30.93	28.03	24.94
40	57.80	32.65	29.56	26.31
41	59.94	34.44	31.20	27.76
42	61.96	36.31	32.93	29.31
43	63.88	38.26	34.76	30.93
44	65.74	40.30	36.69	32.65
45	67.57	42.43	38.72	34.46
46	69.42	44.66	40.84	36.35
47	71.36	46.98	43.06	38.32
48	73.44	49.42	45.37	40.38
49	75.75	51.97	47.77	42.52
50	78.39	54.65	50.26	44.73
51	81.45	57.46	52.82	47.01
52	85.04	60.41	55.45	49.35
53	89.29	63.51	58.15	51.75
54	94.32	66.78	60.90	54.20
55	100.28	70.23	63.70	56.69
56	108.18	74.44	67.06	59.68
57	117.13	78.72	70.33	62.59
58	127.24	83.05	73.47	65.38
59	138.65	87.41	76.42	68.02
60	151.49	91.77	79.15	70.44
61	165.90	96.12	81.60	72.62

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female 10 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	67.92	25.77	22.03	19.60
26	71.47	27.43	23.59	20.99
27	74.76	28.93	25.00	22.25
28	77.87	30.34	26.31	23.42
29	80.83	31.67	27.56	24.53
30	83.71	32.99	28.77	25.61
31	86.54	34.31	29.98	26.68
32	89.37	35.68	31.22	27.79
33	92.22	37.12	32.51	28.94
34	95.13	38.64	33.88	30.15
35	98.12	40.28	35.34	31.45
36	101.21	42.04	36.90	32.84
37	104.42	43.94	38.58	34.33
38	107.74	45.98	40.38	35.93
39	111.18	48.17	42.30	37.65
40	114.75	50.51	44.36	39.48
41	118.43	52.99	46.54	41.42
42	122.21	55.61	48.84	43.47
43	126.08	58.35	51.24	45.61
44	130.01	61.19	53.74	47.83
45	133.97	64.13	56.32	50.13
46	137.93	67.13	58.96	52.47
47	141.85	70.16	61.63	54.85
48	145.70	73.20	64.30	57.23
49	149.42	76.21	66.95	59.59
50	152.95	79.15	69.55	61.90
51	156.24	81.98	72.05	64.12
52	159.23	84.65	74.41	66.22
53	161.85	87.10	76.59	68.16
54	164.02	89.29	78.54	69.90
55	165.67	91.16	80.21	71.39
56	168.35	93.49	80.71	71.83
57	170.84	95.17	81.21	72.28
58	172.80	95.51	81.71	72.72
59	174.76	95.85	82.21	73.17
60	176.72	96.19	82.71	73.61
61	178.67	96.53	83.21	74.06

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee
Female To Age 67 Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	97.07	37.78	33.05	29.42
26	100.78	39.19	34.44	30.65
27	104.50	40.66	35.85	31.91
28	108.22	42.18	37.29	33.19
29	111.91	43.77	38.76	34.49
30	115.59	45.42	40.26	35.83
31	119.22	47.13	41.80	37.21
32	122.81	48.91	43.39	38.62
33	126.35	50.76	45.02	40.07
34	129.81	52.66	46.69	41.55
35	133.20	54.63	48.40	43.07
36	136.50	56.65	50.15	44.63
37	139.70	58.72	51.94	46.22
38	142.80	60.84	53.76	47.84
39	145.77	62.99	55.60	49.49
40	148.61	65.17	57.47	51.15
41	151.31	67.36	59.35	52.83
42	153.85	69.57	61.24	54.51
43	156.23	71.77	63.13	56.18
44	158.44	73.95	65.00	57.85
45	160.45	76.11	66.85	59.50
46	161.39	78.21	68.66	61.11
47	162.30	80.26	70.43	62.68
48	163.18	82.23	72.13	64.19
49	164.01	84.10	73.75	65.64
50	164.81	85.86	75.28	67.00
51	165.55	87.48	76.70	68.26
52	166.22	88.94	77.98	69.40
53	166.83	90.22	79.12	70.42
54	167.35	91.30	80.09	71.28
55	167.78	92.15	80.87	71.97
56	169.32	93.69	81.04	72.13
57	170.84	95.17	81.21	72.28
58	172.80	95.51	81.71	72.72
59	174.76	95.85	82.21	73.17
60	176.72	96.19	82.71	73.61
61	178.67	96.53	83.21	74.06

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Policy Form D81
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
$50 Policy Fee

Male/Female Senior Ages

Attained Age	Elimination Periods (Days)			
	60	90	180	365
67	194.42	85.18	78.92	70.24
68	217.40	91.27	84.56	75.26
69	242.92	97.80	90.61	80.64
70	271.16	104.78	97.08	86.40
71	299.39	111.77	103.55	92.16
72	327.63	118.76	110.03	97.92
73	355.86	125.74	116.50	103.68
74	384.10	132.73	122.97	109.44
75	412.33	139.72	129.44	115.21

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Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 2 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	23.05	11.29	9.94	8.85
26	23.20	11.47	9.97	8.87
27	23.36	11.66	10.10	8.99
28	23.51	11.85	10.31	9.18
29	23.66	12.04	10.60	9.44
30	23.81	12.23	10.96	9.75
31	23.97	12.42	11.37	10.12
32	25.09	12.96	11.83	10.53
33	26.32	13.56	12.33	10.98
34	27.60	14.20	12.87	11.45
35	28.89	14.87	13.43	11.95
36	30.15	15.56	14.01	12.47
37	31.35	16.27	14.62	13.01
38	32.47	16.98	15.23	13.56
39	33.49	17.70	15.87	14.12
40	34.40	18.42	16.51	14.69
41	35.21	19.14	17.17	15.28
42	35.90	19.86	17.84	15.87
43	36.50	20.58	18.52	16.48
44	37.02	21.32	19.22	17.11
45	37.49	22.06	19.94	17.75
46	37.94	22.83	20.69	18.42
47	38.40	23.63	21.47	19.11
48	38.92	24.47	22.29	19.84
49	39.55	25.37	23.15	20.61
50	40.36	26.34	24.07	21.42
51	41.40	27.39	25.05	22.29
52	42.75	28.55	26.10	23.23
53	44.49	29.84	27.24	24.24
54	46.70	31.27	28.47	25.34
55	49.48	32.87	29.81	26.53
56	53.37	34.95	31.70	28.21
57	57.93	37.18	33.73	30.02
58	63.25	39.58	35.90	31.95
59	69.41	42.16	38.25	34.04
60	76.52	44.94	40.76	36.28
61	84.68	47.92	43.47	38.69

0LL3 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 5 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	23.95	12.48	10.86	9.66
26	24.08	12.65	11.26	10.02
27	24.27	12.95	11.70	10.41
28	24.49	13.36	12.16	10.83
29	24.76	13.87	12.67	11.27
30	25.07	14.48	13.20	11.75
31	26.47	15.16	13.78	12.26
32	28.07	15.91	14.39	12.81
33	29.81	16.72	15.04	13.39
34	31.63	17.59	15.73	14.00
35	33.47	18.51	16.47	14.65
36	35.29	19.47	17.24	15.35
37	37.06	20.47	18.06	16.08
38	38.75	21.52	18.93	16.85
39	40.35	22.60	19.85	17.66
40	41.84	23.71	20.81	18.52
41	43.23	24.87	21.83	19.43
42	44.52	26.07	22.90	20.38
43	45.72	27.31	24.03	21.39
44	46.87	28.60	25.22	22.44
45	47.98	29.94	26.46	23.55
46	49.11	31.35	27.77	24.71
47	50.29	32.83	29.14	25.93
48	51.60	34.39	30.58	27.21
49	53.07	36.05	32.08	28.55
50	54.81	37.80	33.66	29.96
51	56.87	39.67	35.31	31.43
52	59.35	41.67	37.04	32.97
53	62.35	43.81	38.85	34.57
54	65.97	46.12	40.74	36.25
55	70.33	48.60	42.71	38.01
56	76.15	51.68	45.12	40.16
57	82.82	54.89	47.54	42.31
58	90.43	58.22	49.95	44.46
59	99.11	61.67	52.34	46.58
60	108.96	65.25	54.68	48.66
61	120.10	68.93	56.95	50.68

0LL3 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska

Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female 10 Year Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	44.10	17.39	14.61	13.00
26	45.86	18.17	15.35	13.66
27	47.56	18.93	16.05	14.29
28	49.23	19.67	16.73	14.89
29	50.88	20.41	17.41	15.49
30	52.53	21.16	18.09	16.10
31	54.19	21.95	18.79	16.72
32	55.87	22.77	19.52	17.37
33	57.59	23.64	20.28	18.05
34	59.34	24.57	21.09	18.77
35	61.15	25.57	21.96	19.54
36	63.01	26.63	22.88	20.36
37	64.94	27.77	23.86	21.24
38	66.92	28.99	24.91	22.17
39	68.97	30.29	26.03	23.17
40	71.09	31.67	27.22	24.22
41	73.26	33.13	28.47	25.34
42	75.50	34.67	29.79	26.51
43	77.78	36.28	31.17	27.74
44	80.12	37.95	32.61	29.02
45	82.49	39.69	34.10	30.35
46	84.88	41.47	35.63	31.71
47	87.30	43.30	37.21	33.11
48	89.72	45.16	38.81	34.54
49	92.13	47.04	40.42	35.98
50	94.51	48.92	42.05	37.42
51	96.84	50.80	43.66	38.86
52	99.12	52.64	45.25	40.27
53	101.31	54.44	46.80	41.66
54	103.39	56.17	48.30	42.99
55	105.34	57.82	49.73	44.26
56	108.14	59.88	51.50	45.84
57	110.52	61.69	53.06	47.23
58	112.39	63.19	54.36	48.38
59	113.67	64.33	55.34	49.26
60	120.00	67.13	56.60	50.38
61	126.34	69.93	57.86	51.50

0LL3 NE BASE RATE 10/06/2006 0002

Mutual of Omaha Insurance Company
Omaha, Nebraska
Rider Form 0LL3
Social Insurance Supplement (SIS) Benefits Rider on
Disability Income Insurance Policy
Tobacco Annual Premiums per $100 Monthly Benefit
Occupation Class 5
Female To Age 67 Benefit Period

Issue	Elimination Periods (Days)			
Age	60	90	180	365
18 - 25	57.21	22.79	19.57	17.42
26	59.04	23.46	20.23	18.01
27	60.94	24.19	20.94	18.63
28	62.88	24.99	21.68	19.29
29	64.86	25.84	22.45	19.98
30	66.87	26.74	23.27	20.71
31	68.89	27.70	24.12	21.46
32	70.92	28.71	25.00	22.25
33	72.94	29.77	25.92	23.06
34	74.95	30.87	26.86	23.91
35	76.94	32.02	27.84	24.78
36	78.90	33.20	28.85	25.67
37	80.83	34.42	29.88	26.59
38	82.71	35.68	30.94	27.53
39	84.55	36.96	32.02	28.50
40	86.34	38.27	33.12	29.47
41	88.07	39.61	34.24	30.47
42	89.75	40.96	35.37	31.48
43	91.37	42.32	36.52	32.50
44	92.93	43.70	37.67	33.53
45	94.42	45.09	38.83	34.56
46	95.85	46.47	40.00	35.60
47	97.23	47.86	41.16	36.64
48	98.54	49.23	42.32	37.67
49	99.79	50.60	43.48	38.70
50	100.99	51.95	44.62	39.71
51	102.13	53.28	45.75	40.72
52	103.23	54.58	46.86	41.70
53	104.28	55.85	47.94	42.67
54	105.30	57.08	49.00	43.61
55	106.28	58.27	50.02	44.52
56	108.34	59.97	51.49	45.83
57	110.52	61.69	53.06	47.23
58	112.39	63.19	54.36	48.38
59	113.67	64.33	55.34	49.26
60	120.00	67.13	56.60	50.38
61	126.34	69.93	57.86	51.50

0LL3 NE BASE RATE 10/06/2006 0002

State: *Arkansas* **Filing Company:** *Mutual of Omaha Insurance Company*
TOI/Sub-TOI: *H11I Individual Health - Disability Income/H11I.007 Long Term - Related to marketing with employer or association groups*
Product Name: *Individual Disability Income Policy*
Project Name/Number: */*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	08/17/2012
Comments:			
Attachment(s):			
2012 DI Rate Filing - Actuarial Memo - National.pdf			

Mutual of Omaha Insurance Company
Omaha, Nebraska

Actuarial Memorandum

Existing forms with new rates

D81	Individual Disability Income Policy: Long Term
0LL3M	Social Insurance Substitute (SIS) Benefits Rider

Existing forms with new classes

D81	Individual Disability Income Policy: Long Term
D82	Individual Disability Income Policy: Short Term
D83	Individual Disability Income Policy: Short Term Accident Only
0LL3M	Social Insurance Substitute (SIS) Benefits Rider
0LL4M	Future Insurance Option (FIO) Rider

Scope and Purpose

The purpose of this memorandum is to certify that the premiums for the policy forms shown on the cover page of this memorandum satisfy the requirements of your state. This memorandum should not be used for any other purpose.

General Description

The individual DI products referenced above were first filed and introduced to the market in 2007. Since then, a number of changes have occurred in the market as well as within our own portfolio. As a result, we are filing the following rate adjustments.

Rate changes on 10 year and to-age-67 benefit periods for new business
Rates for the 10 year and to-age-67 benefit period are being reduced between 0- 15%. The rate reduction is a result of 1) industry trends indicating improved morbidity since the original pricing, 2) updates made to the application and underwriting guidelines and 3) aligning our rate differentials between short term and long term benefit periods to be more consistent with industry experience and trends.

New rate classes
Multi-life rate class**:** A 15% discount will apply to individuals of approved employer and association groups subject to current underwriting guidelines.

Life+DI class**:** Insured's who apply for disability insurance within a given number of days of purchasing certain life insurance products will receive a 10% discount on their DI premium. The timeframe will be determined by the then current underwriting guidelines, currently set at 60 days.

Both discounts apply to the base rates of each DI product as well as to the SIS and FIO riders on the long-term product. These two classes are expected to have improved morbidity as a result of reduced anti-selection resulting in a neutral impact to the overall loss ratio.

Benefit Description of Effected Forms

The accident and sickness policies are guaranteed renewable to age 67 and conditionally renewable thereafter to age 75 while the insured is actively at work. The accident-only policies are guaranteed renewable to age 67. Each base policy pays monthly benefits if the insured meets the definition of disability and has satisfied the elimination period.

- For the long term policies, during the first two years of claims the insured must be unable to perform the duties of his or her regular occupation as the result of accident or sickness and not engaged in any occupation for wage or profit. Thereafter, the insured must be unable to perform the duties of any occupation as the result of accident or sickness and not be engaged in any occupation for wage or profit. The base policy also provides a 24-month proportionate disability benefit. It contains a 24-month lifetime limitation for claims due to mental disorders or substance abuse.

- A Social Insurance Substitute (SIS) Benefits Rider is available on the long term plan. This rider provides an additional amount of coverage that is reduced dollar-for-dollar for any social insurance benefits received by the insured.
- Future Insurance Option (FIO) Rider: This rider allows the insured to purchase additional coverage in the future without providing evidence of medical insurability.

- For the short term accident and sickness policies, the insured must be unable to perform the duties of his or her regular occupation as the result of accident or sickness and not engaged in any occupation for wage or profit. These policies contain a 6-month partial disability definition.
- The short term accident only policies are identical to the short term accident and sickness policies, except that they provide coverage only for disabilities due to accidents.

Rate Tables

The premium rates shown in the attached pages are for Occupation Class 5. Premium rates for other occupations classes are obtained by multiplying the Class 5 premium rates by the following factors:

Table 1
Premium Adjustment Factors by Occupation Class

Class	Factor
6	0.90
5	1.00
4	1.15
3	1.50
2	1.90
1	2.50

The premium rates shown in the filing pages are for tobacco users. A factor of 0.80 is applied to obtain the rates for non-tobacco users for the base coverage and SIS rider.

Factors will be used to derive the premiums for the new classes:

Table 2
Premium Adjustment Factors

Class	Factor
Multilife	.85
Life + DI	.90

Morbidity Assumptions

The morbidity basis consists of adjustments to the 1985 Commissioners' Individual Disability Table A (1985 CIDA). The adjustments were developed based on industry experience published by the Society of Actuaries and on the anticipated impact of specific policy provisions.

Other Pricing Assumptions

Policy Termination Rates

The policy termination rates were developed based on a combination of the company's own experience and industry experience. They are the same for males and females. Sample policy termination rates are shown in Table 2A for the long-term policy and Table 2B for the two short-term policies:

Table 2A
Sample Policy Termination Rates by Issue Age for Long Term Policy

Policy Duration	Age 25	Age 35	Age 45	Age 55
1	20%	10%	10%	10%
2	16%	9%	9%	9%
3	15%	8%	8%	8%
4	7%	7%	7%	7%
5+	6%	6%	6%	6%

Table 2B
Sample Policy Termination Rates by Issue Age for Short Term Policies

Policy Duration	Age 25	Age 35	Age 45	Age 55
1	26%	12%	12%	12%
2	17%	10%	10%	10%
3	15%	8%	8%	8%
4	7%	7%	7%	7%
5+	6%	6%	6%	6%

Average Premiums

The average annual premiums are $1,639 for the long term policy (including the SIS rider), $986 for the short term accident and sickness policy, and $515 for the short term accident-only policy.

Expenses

The expense assumptions for the long-term policy are contained in Table 3A below:

Table 3A
Expense Assumptions for Long Term Policy

Category	First Year	Renewal Years
Acquisition	62.5% of premium	--
Acquisition	$255, $176, and $145 for BP's of To Age 67, 5 Years, and 2 Years	--
Premium Tax	2.0% of premium	2.0% of premium
Maintenance	$0.24 per policy	$0.24 per policy
Maintenance	1.25% of premium	1.25% of premium
Claim Administration	3.0% of paid claims	3.0% of paid claims

The expense assumptions for the short-term policies are shown in Table 3B below:

Table 3B Expense Assumptions for Short Term Policies		
Category	First Year	Renewal Years
Acquisition	62.5% of premium	--
Acquisition	$147 for accident/sickness $45 for accident only	--
Premium Tax	2.0% of premium	2.0% of premium
Maintenance	$0.24 per policy	$0.24 per policy
Maintenance	1.25% of premium	1.25% of premium
Claim Administration	2.2% of paid claims	2.2% of paid claims

An annual inflation rate of 4.0% was applied to the maintenance expense for future years.

The commission assumptions are shown in Table 3C. These values include base compensation, production bonuses, and agent financing. They do not include the impact of agent persistency:

Table 3C Expected Commissions, Including Bonuses and Agent Financing	
Policy Duration	Commission as % Premium
1	72.2%
2-3	5.0-5.8%
4-5	4.4-5.2%
6-10	1.1-2.1%
11+	0.4%

Premium Modalization Rules

The premium modalization rules are shown in Table 4 below:

Table 4 Premium Modalization Factors Applied to Annual Premiums	
Mode	Factor
Monthly	0.0875
Quarterly	0.2600
Semi-Annual	0.5150
Annual	1.0000

Interest Rate

The interest rate assumed in pricing is 6.0%.

Expected Loss Ratio

The expected loss ratio was determined by computing the ratio of the present value of future expected claim costs to the present value of future expected gross premiums, using the same persistency and morbidity assumptions used in pricing the policy forms. The expected lifetime loss ratio is 55%, except that the expected loss ratio for senior age rates is 65%.

Certification

I am a member in good standing of the Society of Actuaries and the American Academy of Actuaries. I certify that, to the best of my knowledge and judgment, this rate filing complies with the laws and regulations of this state, that the benefits are reasonable in relation to the premiums, and that the premiums are not excessive, inadequate, or unfairly discriminatory.

Chris Haire FSA, MAAA
Product Performance Director

July 24, 2012