

January 20, 2016

 Dwayne K Domi
 1114 HUBBARD AVE
 ESCONDIDO, CA 92027

Customer#5194257

Coverage:\$500,000.00

 UNITED OF OMAHA/MUTUAL OF OMAHA
 Term Life Answers 20 Preferred Nontobacco

Dear Dwayne K Domi :

Congratulations and thank you! Your new policy is enclosed, but coverage is not yet in effect. Please read through all of the documents. If any information is incorrect, or if you have any questions, please call me right away. A copy of your original application, which is now part of your policy, is attached in the back of the policy itself. On an annual premium basis, the best price offer is now \$1,644.

The final approved premium differs from the premium you applied for because you did not meet all of the Acceptance Guidelines that were listed on your original quote or because we changed the policy effective date with your permission, or for the reason(s) listed below in bold:

Elevated Cholesterol/HDL Ratio - 4.9/policy issued with child rider

I recommend that you keep this policy, which is competitively priced. That also avoids a "not taken" on your insurance record. I've also prepared a chart of alternative base prices for you to consider (excluding the cost of riders). Or I can also re-shop your application to our other 50 companies if you want, but that would take time.

Coverage	Initial Rate Guarantee			
	10 Years	15 Years	20 Years	30 Years
\$600,000	\$1,065	\$1,575	\$1,875	\$3,591
\$500,000	\$898	\$1,323	\$1,573	\$3,003
\$400,000	\$743	\$1,091	\$1,283	\$2,431
\$300,000	\$573	\$834	\$978	\$1,839
\$200,000	\$541	\$801	\$823	\$1,597

The below-listed delivery requirements are now due. Please e-mail, fax or scan/e-mail these items to me within the next 48 hours. Our toll-free fax line is (800) 690-6550.

1)Delivery Receipt

2)Policy Amendment

3)Please contact your agent to give permission to have the required premium \$143.89 drafted from your account on file

While paying on an annual basis often results in the net lowest cost, most companies also offer monthly, quarterly or 6-month payment modes. Please call me upon receipt of this letter so that we can review the delivery requirements together by phone.

Sincerely,

Erin Bogs
 Case Manager
 1-800-556-9393 ext. 495
 Toll-free Fax (800) 690-6550
 ebogs@lifequotes.com

Steven Spector
 Licensed Agent
 1-800-556-9393 ext. 229
 Toll-free Fax (800) 690-6550
 sspector@lifequotes.com

EB /tlr

TLR#20U (12/15/2015)

NOTE: GEICO Insurance Agency Inc., the GEICO Property Agency, has made an arrangement with Life Quotes, Inc., an independent life insurance agency, to help you secure life insurance. If you choose to do business with Life Quotes, Inc., please understand that any information you provide to Life Quotes, Inc. is subject to their privacy policy that is posted at www.lifequotes.com, which is different than GEICO's privacy policy. GEICO assumes no responsibility for the privacy practices of Life Quotes, Inc. or your use of their brokerage services.

JAN 19 2016

DELIVERY RECEIPT

Dear Policyowner:

Your state requires United of Omaha to document that you have received your life insurance policy. Please sign and date this Delivery Receipt and return one copy to United of Omaha in the enclosed postage paid return envelope. Please retain the other copy for your records.

Policy Number BU1712314 has been delivered to and accepted by me.

Signature of Policyowner or Trustee

Date

0826030A40



JAN 19 2016

ATTACHED TO AND MADE A PART OF
MY APPLICATION FILE FOR INSURANCE TO
UNITED OF OMAHA LIFE INSURANCE COMPANY

Policy number BUI712314 as delivered and accepted by me differs from my application with respect to the following amendments:

This policy is issued with no insurance granted to:
POLICY IS ISSUED WITH THE UNDERSTANDING THAT NO INSURANCE IS

The application is amended as explained above.

Date

Witness

Dwayne K Domi

0828030A40

