



UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com

July 20, 2009

ALAN L HAMILTON
9902 CHILDRESS
AUSTIN, TX 78753

MAURINE HAMILTON
Coverage ID: UA7714948
UA8473131

Dear Mr. Hamilton:

This is in response to your letter dated June 25, 2009 in regards to your mother's insurance coverage.

Our letters we have been writing to you have concerned the two life insurance policies you mother held with us. Policy UA7714948 was issued on June 13, 2000 for \$100,000.00 and policy UA8473131 for \$100,000.00 on August 6, 2002. I have enclosed copies of the applications for life insurance. Policy UA8473131 was applied for as a \$250,000, however, our company only allowed \$100,000.00 of coverage. Attached are copies of our letter of August 6, 2002 about the reduced coverage and delivery certificate your mother signed on August 19, 2002 accepting the reduced coverage.

When you notified us of your mother's death in 2006, we identified you as the sole beneficiary of her life policies and on June 17, 2007 the entire proceeds of both contracts were paid to you. A copy of our letter is attached. We were later notified by Sylvia Hamilton that she was a co-beneficiary to these policies. Upon review of the application, we agreed that you and Sylvia were listed as the co-beneficiaries on the life insurance. On August 28, 2008 we sent you a letter informing you of the error we made concerning the payout of the life insurance and that you were only to receive one half of the death benefit amount on not the full proceeds. We asked for reimbursement of \$53081.93 on UA7714948 and \$51952.00 on UA8473131. These are the amounts that we have been trying to recover from you.

In regards to the annuity policies, we show that the annuitant was Alfred Hamilton for the policies UA7722948, UA8497367 AND UA849368. When your father passed away, the proceeds were paid to Maurine Hamilton on June 21, 2004.

Your mother was the annuitant on the other policies UA7762551, UA7728606, UA7728307, UA7728312 and UO1126221. These policies were cash surrendered by you mother on October 26, 2004 and the cash values were released to her.

2

We feel we are due the overpayment of \$53,081.93 and \$51,952.00 on the two life insurance policies , which we made to you in error. If you have any questions about the policy, or the claim process, please don't hesitate to contact us at 1-800-456-0227. We will be glad to answer any questions or help in any way we can.

Sincerely,

A handwritten signature in cursive script that reads "Peggy Rodewald".

Peggy Rodewald
Claim Specialist
Individual Life Claims

Enc.

FILE COPY - United of Omaha

August 6, 2002

MAURINE P HAMILTON
9902 CHILDRRESS DR
AUSTIN TX 787534332

Coverage ID: UA8473131

Dear Ms Hamilton:

Your application for coverage has been carefully reviewed.

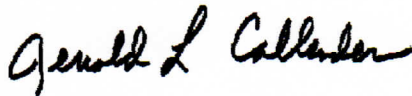
We are able to offer you coverage. However, this coverage was issued with a reduced face amount and an extra premium.

You have the right to know the specific items of information that support our underwriting decision. Consequently, we want you to know that this decision was based upon our interpretation of medical records received from Dr Yalamanchili.

A summary of your rights regarding this and other personal information is attached.

Your local representative will review your contract with you and answer any questions you may have.

Sincerely,



J. I. Callender
Individual Underwriting Services

Enc.

bcc: Michael Fagnoli DO - B DUDLEY

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

Policy #UA8473131 as delivered and accepted by me differs from my application with respect to the following amendments:

This policy is issued as PRIORITY ULTRA UL with a face amount of \$100,000 effective AUGUST 06, 2002.

I/We certify that since the date of the application, all persons proposed for insurance (a) have had no change in health, (b) have had no illness or injury, and (c) have not consulted a health care provider or been hospitalized since the date of the application except for any examinations (medical, paramedical, laboratory) completed at the specific request of UNITED OF OMAHA LIFE INSURANCE COMPANY.

I/We ratify and reaffirm all of the answers to the questions on the application and all other information contained in the application, except as set forth above. I/We understand that UNITED OF OMAHA LIFE INSURANCE COMPANY is relying upon the information set forth in this Addendum and has made execution and delivery of this Addendum a condition of delivery of this Policy. Incorrect or misleading information provided herein may void this Policy from its effective date.

ISSUED WITH AN INCREASED COST OF INSURANCE.

The application is amended as explained above.

8-19-02

Date

B. Deuleay

Witness

X Maurine P Hamilton

MAURINE P HAMILTON

NOTE: NO CHANGE TO THE WORDING OF THIS ADDENDUM CAN BE MADE. IF AN INSURED, SINCE THE DATE OF THE APPLICATION, (1) HAS A CHANGE IN HEALTH, (2) HAS AN ILLNESS OR HAS BEEN INJURED, OR (3) HAS CONSULTED WITH A HEALTH CARE PROVIDER OR BEEN HOSPITALIZED (OTHER THAN FOR ANY MEDICAL, PARAMEDICAL OR LABORATORY EXAMINATIONS REQUIRED BY UNITED OF OMAHA LIFE INSURANCE COMPANY), DO NOT DELIVER THIS POLICY OR ACCEPT MONEY. INSTEAD, YOU SHOULD IMMEDIATELY CONTACT UNITED OF OMAHA LIFE INSURANCE COMPANY FOR FURTHER INSTRUCTIONS.

11 MAILING 26 AUG 2002

0507040000

FILE COPY - United of Omaha

January 17, 2007

ALAN HAMILTON
9902 CHILDRESS DRIVE
AUSTIN, TX 78753

MAURINE P HAMILSTON
Coverage ID: UA7714948
UA8473131

Dear Mr. Hamilton:

Benefits have been approved for the claim on the policy insuring Maurine P Hamilton. Enclosed is our check representing the amount payable under the policy. The claim statement below indicates how the benefits were calculated.

DEATH CLAIM STATEMENT

\$100,000.00	Face Amount of Policy UA8473131
+7,492.50	Refund of Unearned Premium
+141.36	Interest on Claim
\$107,763.86	TOTAL AMOUNT
\$100,000.00	Face Amount of Policy UA7714948
+3,768.00	Refund of Unearned Premium
+136.00	Interest on Claim
\$103,904.00	TOTAL BENEFIT

We sincerely appreciate the loyalty shown our Company in the past. If you have any questions about the benefit payment, or if additional information is needed, please call us at 1-800-456-0227. Mutual of Omaha offers a variety of insurance and financial services. We hope you will keep us in mind in the future.

Sincerely,



Peggy Rodewald
Claim Specialist
Individual Life Claims

Enc.

Life Insurance Application

BRIAN P. DUDLEY 303197

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

M. FARGNOLI DIV.
153Q B. WITTEN

ADULT LIFE
 JUVENILE LIFE

New Business
 Replacement/Conversion
 Addition to Existing

Administration Use Only

Section A

Proposed Covered Person(s)

1 Name: Maurine P. Hamilton Social Security # 459-20-2593

2 Legal Residence Address: 9902 Childress Drive Austin TX 78753

3 Mailing Address for Premium Notice: Same

4 Are you and all persons proposed for insurance a citizen(s) of the United States? Yes No
If "No," do all persons proposed for insurance have an alien registration receipt "Permanent Visa"? Yes No
If "Yes," Permanent Visa No.: _____ Date of arrival in the United States: _____

5 Sex: Male Female Date of Birth: 10/2/21 Age: 80 Place of Birth: TX

6 Height: 5'2 Weight: 135 Driver's License Number: 04546937 State of Issue: TX

7 Occupation: Retired Duties: _____
Name of Firm or Employer: _____

8 Home Phone Number: (512) 836-1930 Best Time to Call: 6:00 pm

9 Owner's Name (if different than Proposed Insured): _____
Owner's Address: _____
Owner's Social Security Number or Tax I.D. Number: _____

10 Beneficiary/Relationship: Alan Hamilton - son SSN/TIN: 463-76-6490
~~Contingent~~ Beneficiary/Relationship: Sylvia Hamilton - Daughter SSN/TIN: 449-84-1932

Section B

Spouse/Children

Complete Only If Spouse/Children Are Proposed For Insurance.

First Name, Middle Initial, Last Name	Social Security Number	Relationship to Proposed Insured	Birth Date Mo/Day/Yr	Age	Sex	Ht.	Wt.

Spouse Occupation: _____ Birthplace (state): _____

Section C

Plan Information and Other Coverage

Plan(s) of Insurance Priority Ultra UL NT 150% Amount: 250,000
Amount: _____

Riders: Amounts/Units/Plans Amounts/Units/Plans

Waiver of Premium N/A Accidental Death Benefit _____

Children's Rider _____ Additional Insured Rider _____

Spouse Rider Plan: _____ Amount/Units: _____

Other (Please Specify) _____

Death Benefit Options: Option 1: Accumulation Value Included in Specified Amount.
(Universal Life Only) Option 2: Accumulation Value In Addition to Specified Amount

Method of Payment: Monthly Bank Transfer Quarterly Semiannually Annual PRD

Premium: Amount Collected: \$ 0 Planned Amount: \$ 18,785.53

Have you had or did you intend to have any life or annuity policy replaced, exchanged, converted, reduced, reissued or subject to borrowing because of this application? Yes No
(If "Yes," list companies and policy numbers) 1035 Exchange Yes No

Section C Plan Information and Other Coverage (cont.)

Complete only for PRD or Association or Franchise Coverage:
Full Name of Group/Organization: _____ Date Joined: _____
Group/Membership No.: _____ Shareholder Member Dues-paying Member Other: _____

Section D Underwriting Information

- 1 During the past 10 years, has any person proposed for insurance ever received medical care for or had: (Check all that apply.)
 Kidney Disorder High Blood Pressure Heart Disease Diabetes Drug Abuse Cancer
 Alcoholism None of These
- 2 During the past 10 years, other than shown in D1 above, has any person proposed for insurance: (Check all that apply)
 Had or been advised to seek treatment for any illness or injury Had surgery Been hospitalized
 Had a medical examination or medical care None of These
- 3 Has any person proposed for insurance used tobacco in any form in the last 12 months? Yes No
- 4 Has any person proposed for insurance been diagnosed or treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV) infection (symptomatic or asymptomatic)? Yes No
- 5 Complete the following to expand upon all affirmative answers in this section.

Name	Condition(s)
	Borderline Diabetes
	Hypertension - Treated normal
	Cataracts Removed

Section E Agreement Section

I, the undersigned, and the undersigned Producer(s) certify that we have read the completed application or have had it read to us and agree to the following:

- 1 All answers in this application: (a) are true and complete to the best of my knowledge and belief; (b) will be relied on to determine insurability; and (c) which are incorrect or misleading, may void the application effective the issue date.
- 2 If the full initial premium is paid on the date of the completed life insurance application and I am eligible for the policy applied for in accordance with the underwriting standards of United of Omaha in effect on the date of the application, the date of the policy will be the date of the application.
- 3 If any Proposed Insured for insurance is not eligible for the insurance applied for, or if there has been any change in either my health or habits or the answers to any of the questions in the application prior to policy delivery, I agree that no policy of any kind will be in effect, except for coverage provided by the Temporary Life Insurance Agreement and Receipt.
- 4 In no event will benefits be paid for the same loss under both the Temporary Life Insurance Agreement and Receipt and any policy issued from this application.
- 5 I have received the Notice of Exchange of Information, a Fair Credit Reporting Act Notice, a Notice of Information Practices, a Summary of Rights Under the Fair Credit Reporting Act, and a Life Insurance Buyer's Guide before completing this application.
- 6 If the Applicant is other than the Proposed Insured, the Applicant will own the policy. For juvenile applicants, the right of ownership of any policy issued from this application will be vested in the Applicant until the child attains the age of 21 years.
- 7 No Producer can: (a) waive or change any receipt or policy provision; or (b) agree to issue a policy.
- 8 Applies to Variable Universal Life Only - I understand that the: (a) policy's accumulation value in the Variable Account is based on the investment experience in that account and will increase or decrease daily; and (b) amount of the death benefit may be fixed or variable, depending on the investment experience of the Variable Account.

I have: (a) read the Agreements Section and the receipt(s) and (b) read and approved the answers as recorded.

Signed at: Austin TX Date 7-11-02
City State

X Maurine P. Hamilton
Signature of Proposed Insured (Age 15 and Over)

Signature of Parent or Guardian (if Proposed Insured under age 15)

Signature of Applicant/Owner/Trustee (if other than Proposed Insured)

In addition to the above Agreement, do you, the Producer, have any reason to believe the policy applied for has replaced or will replace any life insurance policy? (If "Yes", fulfill all state requirements.) Yes No

B. Dudley 7-11-02 BRIAN P. DUDLEY 303197
Signature of Producer Date Print or Stamp Producer Name

Authorization To Release Information To United of Omaha Life Insurance Company

To all physicians, medical or dental practitioners, hospitals, clinics, other medical care facilities or other providers of medical or dental care services, insurers, employers and consumer reporting agencies:

I authorize you to release all medical and nonmedical information about me (the undersigned) or my children to United of Omaha Life Insurance Company, its affiliates, its reinsurers and any consumer reporting agency acting for them. This authorization includes information about medical history, mental and physical condition, drug and alcohol use, and other personal information such as finances, occupation and general reputation. I also authorize the preparation of a consumer report and/or investigative consumer report.

To the Medical Information Bureau, Inc. (MIB):

I authorize you to release all medical and nonmedical information about me (the undersigned) or my children to United of Omaha Life Insurance Company, its affiliates, and its reinsurers. This authorization includes information about medical history, mental and physical condition, drug and alcohol use, and other personal information.

I also authorize United of Omaha Life Insurance Company to report medical and nonmedical information about me (the undersigned) or my children to the Medical Information Bureau, Inc.

Information received will be used to determine insurability. This authorization is valid for 30 months from the date below. A photocopy of this authorization is as valid as the original. I have received the Notice of Exchange of Information, the Fair Credit Reporting Act Disclosure Statement, Notice of Information Practices and Summary of Rights Under the Fair Credit Reporting Act. I, or my authorized representative, will receive a copy of this authorization, upon request, and a copy of any investigative consumer report from the consumer reporting agency, upon request.

If an investigative consumer report is prepared, I may request to be interviewed. (Check if an interview is desired.)

Name used for medical records Maurine P. Hamilton

Date 7-11-02

X Maurine P. Hamilton
Signature of Proposed Insured(s) (Age 15 or older)

Date _____

Signature of Proposed Insured(s) (Age 15 or older)

Date _____

Signature of Parent or Guardian (if Proposed Insured is under Age 15)

Producer Statement

In the presence of the Proposed Insured/Spouse have you asked each question exactly as written and recorded the answer completely and accurately? (If "No," explain.) Yes No

Date 7-11-02

B. Dudley 303197
Signature of Producer/Production No.

Date _____

Signature of Producer/Production No.

Wholesaler/Division Office Information

Reviewed By: 7-12-02
(Wholesaler or Division Office Signature)
Billy J. Witten Jr.
(SubWholesaler, DSM Signature)

(Wholesaler or Division Office Name)
Billy J. Witten Jr.
(SubWholesaler or DSM Printed Name)

Agency Stamp
M. FARGNOLI DIV.
153Q B. WITTEN

DSM Stamp
M FARGNOLI DIV
153A