

SERFF Tracking Number: STFL-126079390 State: Arkansas  
Filing Company: State Farm Life Insurance Company State Tracking Number: 41859  
Company Tracking Number: SFL1000834 AR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Reinstatement App 1000834 AR  
Project Name/Number: Reinstatement App 1000834 AR/Reinstatement App 1000834 AR

## Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Reinstatement App 1000834 SERFF Tr Num: STFL-126079390 State: Arkansas

AR

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 41859

Sub-TOI: L08.000 Life - Other

Co Tr Num: SFL1000834 AR

State Status: Approved-Closed

Filing Type: Form

Author: Rhonda Brackman

Reviewer(s): Linda Bird

Date Submitted: 03/18/2009

Disposition Date: 03/19/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 05/01/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: Reinstatement App 1000834 AR

Project Number: Reinstatement App 1000834 AR

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/27/2009

Domicile Status Comments: The Illinois  
Department of Financial and Professional  
Regulation accepted our filing by certification on  
February 27, 2009.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/19/2009

Explanation for Other Group Market Type:

State Status Changed: 03/19/2009

Deemer Date:

Created By: Rhonda Brackman

Submitted By: Rhonda Brackman

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 69108

FEIN #37-0533090

The filing contains the following revised individual life insurance application form:

<i>SERFF Tracking Number:</i>	<i>STFL-126079390</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41859</i>
<i>Company Tracking Number:</i>	<i>SFL1000834 AR</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Reinstatement App 1000834 AR</i>		
<i>Project Name/Number:</i>	<i>Reinstatement App 1000834 AR/Reinstatement App 1000834 AR</i>		

**1000834 AR Individual Life Insurance Policy Reinstatement Application**

This revised form will replace Form 233-1597 AR, Application for Reinstatement, which was approved by your department on July 1, 1997.

The revisions to Form 1000834 AR are as follows:

- "COMPLETION STEPS" has been moved to a separate page.
- Questions 2-5 have been revised.
- The question requesting current address and phone number has been removed.
- The "AGREEMENTS" section has been expanded and moved.
- The authorization wording has been moved to a separate form.

This form will be marketed exclusively through State Farm agents.

The effective date for this revised form will be May 1, 2009.

**Company and Contact**

**Filing Contact Information**

Rhonda Brackman, Analyst - Contracts & Compliance	<a href="mailto:rhonda.brackman.aim3@statefarm.com">rhonda.brackman.aim3@statefarm.com</a>
1 State Farm Plaza	309-766-6896 [Phone]
Bloomington, IL 61710-0001	309-766-8483 [FAX]

**Filing Company Information**

State Farm Life Insurance Company	CoCode: 69108	State of Domicile: Illinois
1 State Farm Plaza	Group Code:	Company Type:
Bloomington, IL 61710-0001	Group Name:	State ID Number:
(309) 766-4541 ext. [Phone]	FEIN Number: 37-0533090	

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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	1 form @ \$50.00 = \$50.00

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(sent via EFT Voucher ID#13906577)  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$50.00	03/18/2009	26506836

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/19/2009	03/19/2009

*SERFF Tracking Number:* STFL-126079390      *State:* Arkansas  
*Filing Company:* State Farm Life Insurance Company      *State Tracking Number:* 41859  
*Company Tracking Number:* SFL1000834 AR  
*TOI:* L08 Life - Other      *Sub-TOI:* L08.000 Life - Other  
*Product Name:* Reinstatement App 1000834 AR  
*Project Name/Number:* Reinstatement App 1000834 AR/Reinstatement App 1000834 AR

## **Disposition**

Disposition Date: 03/19/2009

Implementation Date:

Status: Approved-Closed

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	Fee Schedule Form		Yes
Supporting Document	Regulation 19 Certification		Yes
Form	Individual Life Insurance Policy		Yes
	Reinstatement Application		

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## Form Schedule

**Lead Form Number: 1000834 AR**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1000834 AR	Application/ Individual Life Enrollment Insurance Policy Form Reinstatement Application	Initial			1000834 AR Reinstatement App 137231Brac.pdf



## Individual Life Insurance Policy Reinstatement Application

Policy Number: [LF-0000-0000] Insured's Name: [John J. Doe]

**NOTE:** The term **“Proposed Insured”** refers to any person(s) (Insured, Additional Insured, or insured Child) who would be insured under this policy, if reinstated. The term also includes any Payor or Purchaser, if the policy has a Payor or Purchaser rider.

State Farm Life Insurance Company is not required to reinstate policies that have lapsed. We reserve the right to investigate your insurability and deny reinstatement as to any or all Proposed Insureds. Our investigation may include, but is not limited to, a requirement for any of the following: telephone interviews, examinations, blood tests, and urine tests.

- |   | Yes                   | No                               |   |
|---|-----------------------|----------------------------------|---|
| 1. Has <b>any Proposed Insured</b> used tobacco or any other nicotine products in any form in the last 12 months?   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| 2. Since originally applying for this policy, or in the last 5 years, if less, has <b>any Proposed Insured</b> : <i>(If yes, explain)</i>   |                       |                                  |   |
| a. been diagnosed, treated, or been given advice by a member of the medical profession for:   |                       |                                  |   |
| cancer or tumor   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| diabetes  | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| stroke or transient ischemic attack (TIA)   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| heart disease or disorder   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| liver or intestinal disorder  | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| mental health condition or nervous disorder   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| b. applied for or received disability benefits?   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| c. used cocaine, marijuana, methamphetamine, or any other controlled substance or narcotic not prescribed by a member of the medical profession; had medical treatment or counseling for use of alcohol or prescribed or non-prescribed drugs, or been advised by a member of the medical profession to discontinue use of alcohol or prescribed or non-prescribed drugs? | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| 3. Has <b>any Proposed Insured</b> ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? <i>(If yes, explain)</i>   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| 4. Is <b>any Proposed Insured</b> currently disabled? <i>(If yes, explain)</i>  | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| 5. Since originally applying for this policy, or in the last 5 years, if less, has <b>any Proposed Insured</b> for any reason not previously explained: <i>(If yes, explain)</i>  |                       |                                  |   |
| a. seen a doctor or psychologist, or had medication prescribed <b>other than</b> medications for cold, flu, seasonal allergies (i.e. hay fever) or birth control?   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| b. had or been advised by a member of the medical profession to have treatment or a test (except for Human Immunodeficiency Virus) in any lab, clinic, hospital, or other medical facility?   | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| c. been advised by a member of the medical profession surgery (not including vasectomy, oral surgery, bunion surgery, tonsillectomy, cosmetic surgery, C-section, appendectomy) was necessary?  | <input type="radio"/> | <input checked="" type="radio"/> | ] |
| d. been convicted of or plead guilty to driving under the influence of alcohol or drugs?  | <input type="radio"/> | <input checked="" type="radio"/> | ] |

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**6. Explanations:**

*If space below is insufficient, use additional sheets which will be part of this application. Sheets must be signed and dated by Proposed Insureds, and/or Applicant, and witnessed. Show question number as a reference, name of persons for whom information is given, pertinent date, names and addresses of medical practitioners and medical facilities, and full explanation of the conditions.*

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**7. Agreements**

All Proposed Insureds and the Owner state that the information in this application is true and complete to the best of their knowledge and belief. Reinstatement will take effect ONLY on the date the Company approves the Proposed Insureds' insurability. Neither the agent nor a medical examiner may pass on insurability. The reinstated policy will be subject to ALL its original provisions including incontestability. However, (1) for any statements in this application, the incontestability provision will start the same date the reinstatement takes effect, and (2) if the policy is reinstated more than two years from its original effective date, the incontestability provision will apply only to statements in this application.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Date Signed [ **Apr 15 2009** ] Signature of Proposed Insured(s) X [ *John Doe* ]  
(month/day/year) Insured(s) age 16 and up

at [ Bloomington, AR ]  
(city) (state)

**SAMPLE**

Signature of Agent or [ *Mark Smith* ]  
Witness to all Signatures X \_\_\_\_\_

Signature of Owner X \_\_\_\_\_  
*Not required unless Owner is other than the Insured. If a firm or corporation is to be the Owner, give its name and signature of authorized officer.*

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## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification  
**Comments:**  
 See attached Flesch certification for 1000834 AR.  
**Attachment:**  
 ARFLESCH\_Reins App\_1000834 AR.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application  
**Comments:**  
 Not applicable to this filing.

**Item Status:** **Status Date:**

**Satisfied - Item:** Fee Schedule Form  
**Comments:**  
 See attached fee schedule form for 1000834 AR.  
**Attachment:**  
 AR 1000834 AR Fee Schedule.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Regulation 19 Certification  
**Comments:**  
 See attached Regulation 19 Certification for 1000834 AR.  
**Attachment:**  
 ARREG19 1000834 AR.pdf

**STATE OF ARKANSAS**

**CERTIFICATE**

This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

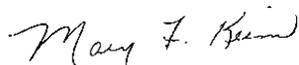
Form #

Flesch Score

1000834 AR

32\*

\*When attached to form 07000, the combined Flesch Reading East Test score is 56.



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Mary F. Keim

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Assistant Secretary

Title

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January 22, 2009

Date



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: | State Farm Life Insurance Company

Company NAIC Code: 69108

Company Contact Person & Telephone # Rhonda Brackman; ph. 309-766-6896

Form Number(s): 1000834 AR

\*\*\*\*\*
\* INSURANCE DEPARTMENT USE ONLY \*
\*
\* ANALYST:\_\_\_\_\_ AMOUNT:\_\_\_\_\_ ROUTE SLIP:\_\_\_\_\_ \*
\*\*\*\*\*

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing
and review, per each policy, contract, annuity
form, per each insurer, per each filing

\* \_\_\_\_\_ x \$50 = \_\_\_\_\_
\*\*Retaliatory \_\_\_\_\_

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing,
per each insurer.

\* \_\_\_\_\_ x \$50 = \_\_\_\_\_
\*\*Retaliatory \_\_\_\_\_

Life and/or Disability Policy, Contract or
Annuity Forms: Filing and review of each
certificate, rider, endorsement or application
if each is filed separately from the basic form.

1000834 AR

\*1 \_\_\_\_\_ x \$20 = \_\_\_\_\_
\*\*Retaliatory \$50

Policy and contract forms, all lines, filing
corrections in previously filed policy and
contract forms.

\* \_\_\_\_\_ x \$20 = \_\_\_\_\_
\*\*Retaliatory \_\_\_\_\_

Life and/or Disability: Filing and review of
Insurer's advertisements, per advertisement, per
each insurer.

\* \_\_\_\_\_ x \$25 = \_\_\_\_\_
\*\*Retaliatory \_\_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to  
amend an Insurer's Certificate of Authority.

\* \_\_\_\_\_ x \$400 = \_\_\_\_\_

Filing to amend Certificate of Authority.

\*\*\* \_\_\_\_\_ x \$100 = \_\_\_\_\_

|

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE  
AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.  
CODE ANN. 23-63-102, RETALIATORY TAX.

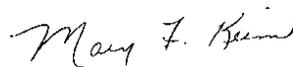
\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

**STATE OF ARKANSAS**

**CERTIFICATION**

This is to certify that the forms contained in this submission are in compliance with Arkansas Regulation No. 19:

Form # 1000834 AR



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Mary F. Keim  
Assistant Secretary

January 26, 2009

Date