

SERFF Tracking Number: STFL-126818857 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 46934
Company Tracking Number: SFL1000725 AR
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Individual Annuity Application
Project Name/Number: Individual Annuity Application/1000725 AR Individual Annuity Application

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Individual Annuity Application SERFF Tr Num: STFL-126818857 State: Arkansas
TOI: A10 Annuities - Other SERFF Status: Closed-Approved- State Tr Num: 46934
Closed

Sub-TOI: A10.000 Annuities - Other Co Tr Num: SFL1000725 AR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Steve Crum Disposition Date: 10/06/2010
Date Submitted: 09/30/2010 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Individual Annuity Application Status of Filing in Domicile: Pending
Project Number: 1000725 AR Individual Annuity Application Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/06/2010 Explanation for Other Group Market Type:
State Status Changed: 10/06/2010
Deemer Date: Created By: Steve Crum
Submitted By: Steve Crum Corresponding Filing Tracking Number:
Filing Description:
NAIC # 69108
FEIN #37-0533090

Dear Sir or Madam:

Enclosed for your consideration is new application form 1000725 AR, Individual Annuity Application:

Form 1000725 AR will replace form 121169 which was approved by your Department on April 6, 2005.

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These applications will be used with policy Forms 10040 and 10090, which were approved by your Department on May 12, 2010 SERFF tracking #STFL-126469652, and 03040, 03090, 03041, 03042, 03043, 03044, 03045, and 03046 approved by your department on March 14, 2003.

This application can be completed in paper or electronically in agent's office which will allow electronic signature by customer.

The following explanation addresses the electronic handling of the application:

- Information included in the electronic application is identical to the questions and information requested on the supplied paper application. Responses to those questions will be printed on the paper application.
- Signature pads can only be used to collect signatures. The pads have no other electronic capability (such as credit card capture devices).
- The electronic signature process requires the presentation of each form before the signature can be applied to the form. The agent must electronically indicate for each electronic form that the customer has reviewed the form. The signatures of Proposed Annuitant, the Applicant, if different from Proposed Annuitant, and Proposed Joint Annuitant may be required during the application process.
- The electronic signature process places the signature on the electronic document. The document with the signature can then be viewed electronically or a paper copy of the form can be printed and provided to the appropriate individual that signed the form.
- Once the electronic signature is applied, the signature is no longer accessible. The signature ceremony allows a single signature to be captured and uniquely matched to the appropriate forms reviewed by the appropriate individual during the application process. Once the application and signature process is complete, the appropriate individual would be required to sign again to apply another signature. I certify that the signatures used in the application process will not be transmitted to other forms outside the application process.

The confirmation as to whether the agent knows replacement is or may be involved is accomplished in the Agent's Statement. The agent is required to complete an Agent's Statement as part of every application.

These forms will be marketed exclusively through State Farm agents.

The effective date for this new form will be March 12, 2011.

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Company and Contact

Filing Contact Information

Steve Crum, Tech - Contracts & Compliance steve.crum.pgyt@statefarm.com
 1 State Farm Plaza 309-763-9006 [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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 50 X 1

Voucher ID#14863797

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$50.00	09/30/2010	40030794

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/06/2010	10/06/2010

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Disposition

Disposition Date: 10/06/2010

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	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of variability		Yes
Form	Individual Annuity Application		Yes

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Form Schedule

Lead Form Number: 1000725

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1000725 AR	Application/ Individual Annuity Enrollment Application Form	Initial		46.000	1000725 AR Ann App_9-16-2010 Bracketed.pdf



Individual Annuity Application

1. Proposed Annuitant *(Print name in full.)*

Last Name		First Name		Middle Initial	
a. [Doe]		[John]		[J]	
Mailing Address		City	State	ZIP Code	
b. [123 Main St.]		[Bloomington]	[IL]	[61701]	
Social Security or Tax Identification Number		Driver's License Number		State	Sex
c. [D000-00-0000]		[D000 0000 0000]		[IL]	[M]
Birth Date (MO-DAY-YR)	Age	Marital Status	State of Birth	United States or Canadian Citizen? Yes No	
d. [08/21/1965]	[45]	[Married]	[IL]	[X] []	
Occupation					
e. [Attorney]					

2. Applicant/Owner *(Complete this section if OWNER is other than PROPOSED ANNUITANT.)*

Last Name		First Name		Middle Initial	
a. [Doe]		[Jane]		[A]	
Mailing Address		City	State	ZIP Code	
b. [123 Main St.]		[Bloomington]	[IL]	[61701]	
Social Security or Tax Identification Number		Driver's License Number		State	Sex
c. [D000-00-0000]		[D000 0000 0000]		[IL]	[F]
Occupation					
d. [Attorney]					

Successor Owner *(Required unless the Applicant/Owner is a Trust or Corporation.)*

Last Name		First Name		Middle Initial	
e. [Doe]		[Jill]		[A]	

3. Custodian *(Complete ONLY if applying under the Uniform Transfers to Minors Act (UTMA) or Uniform Gift to Minors Act (UGMA).)*

Last Name		First Name		Middle Initial	
a.					
Mailing Address		City	State	ZIP Code	
b.					

Successor Custodian

Last Name		First Name		Middle Initial	
c.					

4. Proposed Annuitant or Applicant, if other than Proposed Annuitant:

	Yes	No
a. Have you entered into or made any plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in the policy you are applying for? <i>(If yes, explain in section 9.)</i>	[]	[X]
b. Have you received or do you anticipate receiving any kind of inducement, fee or compensation as an incentive to purchase the policy you are applying for? <i>(If yes, explain in section 9.)</i>	[]	[X]
c. Have you ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a life insurance or annuity policy? <i>(If yes, explain in section 9.)</i>	[]	[X]
d. Have you ever sold, transferred or assigned any life insurance or annuity policy to a third party such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? <i>(If yes, explain in section 9.)</i>	[]	[X]

5. Select annuity product being applied for:

a. Deferred Annuity:

- Deferred Life Annuity
- Deferred Annuity _____ years for first interest rate guarantee period.

Single Premium Immediate Annuity:

SPIA with Life Income: (For the following options, provide certified copy of annuitant's birth certificate.)

- Life Income only-no certain period (Beneficiary not allowed with this option.)
- Life Income with choice of certain period _____ years (Beneficiary designation is needed. Complete section 8.)
- Life Income with cash refund (Beneficiary designation is needed. Complete section 8.)

Joint and Last Survivor:

- Certain Period _____ years (Beneficiary designation is needed. Complete section 8.)
- No Certain Period (Beneficiary not allowed with this option.)

Complete joint annuitant information section **only** if Joint and Last Survivor is being applied for. (Signature required on page 4.)

Last Name	First Name	Middle Initial
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Birth Date (MO-DAY-YR)	Social Security or Tax Identification Number	Sex	Age	Relationship to Annuitant
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Certain Period Only - No lifetime income

- Certain Period _____ years (Beneficiary designation is needed. Complete section 8.)

b. Amount of Premium to be billed: \$ _____ Existing Special Monthly Account Number: _____

Mode: (check one)

- Annual
- SFPP
- Existing Life PAC
- Agents Payroll Deduction
- Employee Payroll Deduction
- Single
- Government Allotment Branch _____ Social Security Number _____

c. Amount of premium submitted with this application: \$ [250 . 00] (credit card payments not available)

6. Select one of the following:

a. **Non-Tax Qualified Annuity**

OR

b. **Traditional IRA** - Issue with IRA Endorsement

- Roth - IRA** - Issue with Roth IRA Endorsement
- SEP - IRA** - Issue with IRA Endorsement (Include Special Billing Party name/address in section 9.)
- Corporate**

c. If IRA/Roth IRA, current year contribution: \$ [120 . 00]

If IRA/Roth IRA, prior year contribution: \$ [120 . 00]

d. If traditional IRA, indicate amount of premium irrevocably designated as a rollover contribution: \$ [120 . 00]

e. If Roth IRA conversion or transfer indicate below:

- Conversion from a traditional IRA/Qualified Retirement Plan
- Transfer from a Roth IRA (indicate initial tax year: _____)

Complete and attach Roth IRA conversion/transfer form.

7. Proposed Annuitant or the Applicant, if other than the Proposed Annuitant:

- a. Do you own any life insurance or annuities on yourself or others? Yes No
[]
- b. If yes, is this policy a replacement of any of those policies? Yes No
[]

8. Beneficiary Designation

Primary Beneficiary - Full Name	Relationship
[Jane A Doe]	[Spouse]
Successor Beneficiary - Full Name	Relationship
[William S Doe]	[Child]

9. Explanations

If space below is insufficient, use additional sheets which will be part of this application. Sheets must be signed & dated by Proposed Annuitant(s) and/or Applicant/Custodian, and witnessed by Agent.

10. Agreements

The Proposed Annuitant and the Applicant state that the information in this application is true and complete.

Any check received must be honored for payment when presented. Otherwise, the policy is void. At the time of policy delivery, the information given to the Company must be true and complete without material change. If all conditions of this paragraph are met, the policy will be effective as of its policy date.

By accepting the policy, the Owner agrees to the beneficiaries named, method of payment, and corrections made. No change in plan, amount, benefits, or age at issue may be made on the application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions.

Any policy issued on this application will be owned by the Proposed Annuitant or the Applicant, if other than the Proposed Annuitant.

If this application is for a Deferred Annuity, I understand a Market Value Adjustment may be applied to amounts withdrawn or if the policy is surrendered. A Market Value Adjustment will decrease or increase values in the policy.

If this application is for one of the single premium immediate annuities with a certain period, I understand a Market Value Adjustment may be applied if annuity payments for the remainder of the certain period are accelerated. After the date those payments are accelerated, the annuity payments for the remainder of the certain period will be reduced. A Market Value Adjustment will decrease or increase the amount of the reduction.

If this application is for a Deferred Life Annuity or Deferred Annuity, I understand a Surrender Charge may be applied to amounts withdrawn or if the policy is surrendered. A Surrender Charge will decrease values in the policy.

If this application is for a Deferred Life Annuity or Deferred Annuity, I understand that neither a Market Value Adjustment nor Surrender Charge will be applied to any Death Benefit payable.

NOTICE: Insurance laws may prohibit the owner of a life insurance or annuity policy from entering into any agreement to sell, transfer or assign a life insurance or annuity policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. The Owner should consult with legal advisors for any questions about these matters.

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.

Social Security or Tax Identification Number (TIN) Certification

By signing this application, I certify under penalties of perjury that (1) the TIN shown above is correct, and (2) I am exempt from backup withholding, or that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (If you are subject to backup withholding, cross out item 2.) and (3) I am a U.S. person (Including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (See instructions.)

Date Signed [March 15, 2011]

Signature of Proposed Annuitant X [John Doe]
Not required if Proposed Annuitant is under age 16.

at [Bloomington, IL]
City State

Signature of Proposed Joint Annuitant X

SAMPLE

Signature of Applicant X [Jane A. Doe]
Required for Trusteed Retirement Plan or if Proposed Annuitant is under age 16. Not required unless Applicant is other than the Proposed Annuitant. If a firm or corporation is to be the owner, give its name and signature of authorized officer.

Signature of Agent as Witness to all Signatures X [Mark Smith]

Signature of Custodian X

Agent's Code [00-0000]

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Supporting Document Schedules

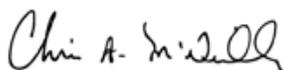
	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: See Attached Flesch Certification & Regulation 19 Attachments: ARFLESCH 1000725 AR.pdf ARREG19 1000725 AR.pdf</p>		
<p>Satisfied - Item: Application Comments: See forms schedule.</p>		
<p>Satisfied - Item: Statement of variability Comments: See attached. Attachment: 1000725 AR SOV.pdf</p>		

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.

<u>Form #</u>	<u>Flesch Score</u>
1000725 AR	46



Chris A McNeilly

Assistant Secretary

Title

September 30, 2010

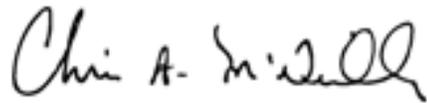
Date

STATE OF ARKANSAS

CERTIFICATION

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

Form # 1000725 AR



Chris A. McNeilly
Assistant Secretary

September 30, 2010

Date

State Farm Life Insurance Company

Variable Material for form 1000725 AR

The bracketed variable material includes the following:

- All John Doe information is hypothetical for purposes of the submission and will vary depending on the policy issued.