

SERFF Tracking Number: STFL-126423717 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45046
 Company Tracking Number: SFL09151
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ST Riders WL / 09151
 Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: ST Riders WL / 09151

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
 Premium - Single Life

Filing Type: Form

SERFF Tr Num: STFL-126423717 State: Arkansas

SERFF Status: Closed-Approved-
 Closed State Tr Num: 45046

Co Tr Num: SFL09151

State Status: Approved-Closed

Author: Steve Crum

Date Submitted: 03/01/2010

Reviewer(s): Linda Bird

Disposition Date: 03/02/2010

Disposition Status: Approved-
 Closed

Implementation Date Requested: 07/25/2010

Implementation Date:

State Filing Description:

General Information

Project Name: ST Riders WL / 09151

Project Number: ST Riders WL / 09151

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Forms 09151, 09152, 09153, 09171, 09172, 09173, and similar application forms 1000704 IL.1, 1002318.1, and 1002319.1, were filed with the Illinois Department of Insurance on January 19, 2010; approval is pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/02/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/02/2010

Deemer Date:

Submitted By: Rhonda Brackman

Filing Description:

NAIC #: 69108

FEIN #37-0533090

Created By: Steve Crum

Corresponding Filing Tracking Number:

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Dear Sir or Madam:

Enclosed for your consideration are the following new individual life insurance forms:

Form # Form Name

09151 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years
09152 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years
09153 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years
09171 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years
09172 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years
09173 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years
1000704 AR.1 Application for Individual Life Insurance
1002906 Individual Life Insurance Application Supplement
1002905 Individual Life Insurance Application Supplement - Juvenile

Forms 09151, 09152, 09153, 09171, 09172, and 09173 have a minimum size of \$100,000 with issue ages varying by form. The issue ages for forms 09151 and 09171 are 20-75, ages 20-65 for forms 09152 and 09172, and ages 20-45 for forms 09153 and 09173. The maximum premiums are shown in the policy. The premiums are level until end of the period specified in Adjustment of Premium provision. After the end of that level premium period, premiums increase each year and are subject to the Adjustment of Premium provision.

Forms 09151, 09152, 09153, 09171, 09172, and 09173 will be illustrated. These forms are participating, but we do not expect to pay dividends. Reserves for these forms will be based on the 2001 CSO Mortality Table. Enclosed is a certification indicating that cash values are not required under the standard nonforfeiture law using the 2001 CSO Mortality Table.

Forms 09151, 09152, 09153, 09171, 09172, and 09173 will be attached to Limited Payment Whole Life Insurance Policy, form 07000, which was approved by your Department on February 7, 2007.

Application for Individual Life Insurance, 1000704 AR.1, will be used with these forms. Form 1000704 AR.1 will replace Application for Individual Life Insurance, form 1000704 AR, which was approved by your Department on October 13, 2009, under SERFF Tracking #STFL-126339540, State Tracking #43756.

<i>SERFF Tracking Number:</i>	<i>STFL-126423717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45046</i>
<i>Company Tracking Number:</i>	<i>SFL09151</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>ST Riders WL / 09151</i>		
<i>Project Name/Number:</i>	<i>ST Riders WL / 09151/ST Riders WL / 09151</i>		

The major changes being made to this application are as follows:

- “Second to Die” has been added to the “Coverages Applied For” section of the application (page 2 of 7), and throughout the application, where applicable.
- “Term to Age 95” (10, 20, and 30 year periods for both PI and AI) has been added to the “Coverages Applied For” section of the application (page 2 of 7).
- Question 26 is now Question 20.
- The “Agreements” section has been revised.

Individual Life Insurance Application Supplement – Juvenile, 1002905, will replace Life Application Supplement-Juvenile, 1026024.1, which was approved by your Department on May 13, 2008, under SERFF Tracking #STFL-125630121 (State Tracking #38911).

Individual Life Insurance Application Supplement – Juvenile, 1002905, will be used if the Proposed Insured is under age 16 and additional information is required in conjunction with an application for life insurance. A medical examiner may complete the form and obtain the appropriate signatures. In each case, the applicant or parent will have the opportunity to review the completed form before signing. A copy of the completed form is included in the policy.

Individual Life Insurance Application Supplement, 1002906, will replace Life Application Supplement, 106260.1, which was approved by your Department on May 13, 2008, under SERFF Tracking #STFL-125630121 (State Tracking #38911).

Individual Life Insurance Application Supplement, 1002906, will be used if the Proposed Insured is age 16 or over and additional medical information is required in conjunction with an application for life insurance. In most cases, the form will be completed by a recorded telephone interview. An oral verification and consent may be obtained and noted on the completed form. If an oral verification and consent is not obtained, a handwritten signature will be obtained when the policy is delivered. If a telephone interview is not conducted, a paramedical laboratory technician or medical examiner may complete the form and obtain the handwritten signatures. In each case, the proposed insured will have the opportunity to review the completed form. A copy of the completed form is included in the policy.

Forms 09151, 09152, 09153, 09171, 09172, 09173, and similar application forms 1000704 IL.1, 1002318.1, and 1002319.1, were filed with the Illinois Department of Insurance on January 19, 2010; approval is pending.

These forms will be marketed exclusively through State Farm agents.

The effective date for these new forms will be July 25, 2010.

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 Product Name: ST Riders WL / 09151
 Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

Company and Contact

Filing Contact Information

Rhonda Brackman, Analyst - Contracts & Compliance rhonda.brackman.aim3@statefarm.com
 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$450.00
 Retaliatory? Yes
 Fee Explanation: 9 forms @ \$50.00 = \$450.00
 (EFT Voucher ID# 14517978)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$450.00	03/01/2010	34502145

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Product Name: ST Riders WL / 09151
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/02/2010	03/02/2010

SERFF Tracking Number: STFL-126423717 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45046
Company Tracking Number: SFL09151
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: ST Riders WL / 09151
Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

Disposition

Disposition Date: 03/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-126423717 State: Arkansas
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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 - Actuarial Memo		No
Supporting Document	Sample Specification Pages 3&4		Yes
Supporting Document	Regulation 19 Certification		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years		Yes
Form	Application for Individual Life Insurance		Yes
Form	Individual Life Insurance Application Supplement		Yes
Form	Individual Life Insurance Application Supplement - Juvenile		Yes

SERFF Tracking Number: STFL-126423717 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45046
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ST Riders WL / 09151
 Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

Form Schedule

Lead Form Number: 09151

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09151	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 10 Years t, Insert Page, Endorsement or Rider	Initial			09151 ST PI Rider 20090923_Bracketed.pdf
	09152	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 20 Years t, Insert Page, Endorsement or Rider	Initial			09152 ST PI Rider 20090923_Bracketed.pdf
	09153	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 30 Years t, Insert Page, Endorsement or Rider	Initial			09153 ST PI Rider 20090923_Bracketed.pdf
	09171	Policy/Contract	Additional Insured's Level Term to Age 95 Life Insurance	Initial			09171 ST AI Rider 20090923_Bracketed.pdf

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Product Name: ST Riders WL / 09151
 Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

	Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 10 Years Page, Endorseme nt or Rider	ackeded.pdf
09172	Policy/Cont Additional Insured's Initial ract/Fratern Level Term to Age 95 al Life Insurance Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 20 Years Page, Endorseme nt or Rider	09172 ST AI Rider 20090923_Br ackeded.pdf
09173	Policy/Cont Additional Insured's Initial ract/Fratern Level Term to Age 95 al Life Insurance Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 30 Years Page, Endorseme nt or Rider	09173 ST AI Rider 20090923_Br ackeded.pdf
1000704 AR.1	Application/ Application for Initial Enrollment Individual Life Form Insurance	AR Life App_1000704 AR.1_bracket ed.pdf
1002906	Application/ Individual Life Initial Enrollment Insurance Application Form Supplement	AR LAS - Adult 1002906_bra cketed.pdf
1002905	Application/ Individual Life Initial Enrollment Insurance Application Form Supplement - Juvenile	AR LAS - Juv 1002905_bra cketed.pdf

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 10 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 10 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS (CONTINUED)**

- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Rider is converted,
- (2) the Basic Plan is continued as Extended Term or Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 20 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 20 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS (CONTINUED)**

- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Rider is converted,
- (2) the Basic Plan is continued as Extended Term or Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 30 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 30 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS (CONTINUED)**

- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Rider is converted,
- (2) the Basic Plan is continued as Extended Term or Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 10 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 10 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force other than as extended term insurance, You may change this Rider by Request to a new policy without evidence of

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS (CONTINUED)**

insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force other than as extended term insurance.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Premiums Payable on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) this Rider is converted,
- (2) the Basic Plan is continued as Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

When the Basic Plan is continued as Extended Term Insurance, this Rider will be placed on extended term insurance. The extended term insurance will not exceed 90 days. Such period will start on the date the Extended Term Insurance starts on the Insured. Such period will end on the earliest of:

- (1) the end of the 90-day period,
- (2) the date this Rider would otherwise terminate, or
- (3) the date the extended term period on the Insured ends.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS (CONTINUED)**

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]

Secretary

[*Edward Brunner Jr.*]

SAMPLE

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ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 20 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 20 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force other than as extended term insurance, You may change this Rider by Request to a new policy without evidence of

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS (CONTINUED)**

insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force other than as extended term insurance.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Premiums Payable on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) this Rider is converted,
- (2) the Basic Plan is continued as Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

When the Basic Plan is continued as Extended Term Insurance, this Rider will be placed on extended term insurance. The extended term insurance will not exceed 90 days. Such period will start on the date the Extended Term Insurance starts on the Insured. Such period will end on the earliest of:

- (1) the end of the 90-day period,
- (2) the date this Rider would otherwise terminate, or
- (3) the date the extended term period on the Insured ends.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS (CONTINUED)**

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]

Secretary

[*Edward Brunner Jr.*]

SAMPLE

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ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Grace Period," "Nonpayment of Premium," "Accumulations to Avoid Lapse," "Automatic Premium Loan," "Reinstatement," "Premium Adjustment When the Insured Dies," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." The Payment of Premiums provision of this Policy is deleted and replaced with the Payment of Premiums provision Included below. "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Payment of Premiums. You may pay premiums at Our Home Office or to one of Our agents. We will give You a receipt signed by one of Our Officers, if You request one. The first premium is due on the Policy Date. All other premiums are payable on or before their Due Dates. A Due Date is the first day of each Payment Period. A Payment Period may be 1 month or 12 months, starting on the same date of the month as the Policy Date. If the Payment Period is 1 month, the monthly premium is due at the start of each 1-month Payment Period. If the Payment Period is 12 months, the annual premium is due at the start of each 12-month Payment Period. If the Due Date does not appear in a calendar month's days, the Due Date will be the last day of that same month. You may change the Payment Period on any Due Date by paying the premium for the new period, but You cannot change the Payment Period if premiums are being waived.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 30 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 30 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force other than as extended term insurance, You may change this Rider by Request to a new policy without evidence of

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS (CONTINUED)**

insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force other than as extended term insurance.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Premiums Payable on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) this Rider is converted,
- (2) the Basic Plan is continued as Paid-up Insurance,
- (3) this Policy is terminated by surrender or lapse, or
- (4) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

When the Basic Plan is continued as Extended Term Insurance, this Rider will be placed on extended term insurance. The extended term insurance will not exceed 90 days. Such period will start on the date the Extended Term Insurance starts on the Insured. Such period will end on the earliest of:

- (1) the end of the 90-day period,
- (2) the date this Rider would otherwise terminate, or
- (3) the date the extended term period on the Insured ends.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS (CONTINUED)**

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]

Secretary

[*Edward Brunner Jr.*]

SAMPLE

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Application for Individual Life Insurance

1. Type of Application *(Check one)*

- a. New Business
- b. Change of Plan/Added Benefits Universal Life Increase Existing Plan Number(s): _____
 Term Conversion with Increase in Amount Select Term Re-entry

2. Proposed Insured 1 *(Print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial				
a. <input type="radio"/> Ms [Doe]		[John]		[J]				
b. Mailing Address		City		State	ZIP Code			
[123 Main St.]		[Bloomington]		[IL]	[61701]			
c. Social Security or Tax Identification Number		Driver's License Number		State	Sex	Birth Date (mm/dd/yyyy)	Age	
[000-00-0000]		[D000-0000-0000]		[IL]	[M]	[08-22-1974]	[35]	
d. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?		Yes	No
[Married]		[5 10]	[195]	[IL]	[<input checked="" type="radio"/> <input type="radio"/>]		<input checked="" type="radio"/>	<input type="radio"/>
e. Occupation		Employer's Name						
[Attorney]		[Self]						
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>							Yes	No
							[<input type="radio"/> <input checked="" type="radio"/>]	

f.

3. Proposed Insured 2 *(Additional Insured or Payor, print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial				
a. <input type="radio"/> Ms [Doe]		[Jane]		[A]				
b. Social Security or Tax Identification Number		Driver's License Number		State	Sex	Birth Date (mm/dd/yyyy)	Age	
[000-00-0000]		[D000-0000-0000]		[IL]	[F]	[06-07-1974]	[35]	
c. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?		Yes	No
[Married]		[5 6]	[130]	[IL]	[<input checked="" type="radio"/> <input type="radio"/>]		<input checked="" type="radio"/>	<input type="radio"/>
d. Occupation		Employer's Name						
[Attorney]		[Self]						
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>							Yes	No
							[<input type="radio"/> <input checked="" type="radio"/>]	

e.

4. Applicant/Owner *(Complete 4 if not Proposed Insured 1, print name in full)*

Last Name		First Name		Middle Initial	Social Security or Tax Identification Number
a. [Doe]		[Jane]		[A]	[000-00-0000]
b. Mailing Address		City		State	ZIP Code
[123 Main St.]		[Bloomington]		[IL]	[61701]

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

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

9. Universal Life / Second to Die

a. **Initial Basic Amount:** \$ _____ Universal Life Second to Die

b. **Death Benefit:** (Complete for new policy only.) If no option is chosen, policy provisions determine the option.

Option 1 - Basic Amount Option 2 - Basic Amount plus Account Value

c. **Riders/Benefits applied for:** (Check Ratebook for availability of riders.)

Waiver of Monthly Deduction (PI 1 only) Yes No

Universal Life ONLY

- Guaranteed Insurability Option \$ _____
- Children's Term Rider _____ Units
- Level Term (PI 2) \$ _____
- Accelerated Death Benefit for Long-Term Care

Second to Die ONLY

- Level Term (PI 1) \$ _____
- Level Term (PI 2) \$ _____
- Second to Die 4-Year Level Term

d. **Dividend Option:** (If no option is chosen, policy provisions determine the option.)

Addition to Account Value Cash

e. **Planned Premium:**

Mode chosen: Annual SFPP Existing SFPP Account Number: _____
 Other Special Monthly: _____

Amount to be billed each payment date: \$ _____

Amount of premium submitted with Application: \$ _____

f. **Increase in Basic Amount for Universal Life only:** (Do not complete for new policy.) \$ _____

10. Beneficiary Designation - Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy. If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 1 is the Survivor or insured under a Level Term (PI 1) rider.

Primary Beneficiary - Full Name [Jane A. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

11. Beneficiary Designation - Proposed Insured 2

Complete for Additional Insured's rider only if the Beneficiary provision in the rider is NOT desired. If this section is completed, the Payment of Benefit provision of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of the "Insured". If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 2 is the Survivor or insured under a Level Term (PI 2) rider.

Primary Beneficiary - Full Name [John J. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

12. Complete 12 if CTR applied for. List children under age 18 (if none, so state)

Last Name, First Name, MI <i>(If last name different, explain.)</i>	Relationship to Proposed Insured 1	Birthdate			Amount Now Insured For
		Month	Day	Year	
					\$

Complete 13-15 if CTR applied for OR Proposed Insured 1 is under age 16.

13. In the last 10 years, has Proposed Insured 1 or any children named in question 12, been diagnosed, treated, or been given advice by a member of the medical profession for: *(If yes, check all that apply and explain.)* Yes No

- a. birth defect
- b. asthma
- c. kidney disease
- d. leukemia
- e. mental disorder
- f. seizure
- g. heart murmur
- h. cancer
- i. impairment of sight, hearing, or speech
- j. diabetes
- k. anemia

14. Has Proposed Insured 1 or any children named in question 12, 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)? *(If yes, explain.)* Yes No

15. In the last 3 years, has Proposed Insured 1 or any children named in question 12, seen a doctor for any reason not previously explained excluding any routine physical examination with normal findings? *(If yes, explain.)*

16. Complete for all Applications

Proposed Insured 1 or Applicant, if other than Proposed Insured 1: Yes No

- 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]

c. What is the total amount of life insurance in force on you from all companies (excluding group insurance)?
 PI 1 \$ _____ PI 2 \$ _____

d. Is anyone now applying for life or health insurance on you with any other company? *(If yes, in Explanations state company and amounts.)*
 PI 1: Yes No PI 2: Yes No

Applications (Ages 16 & up): Complete 17-23

	PI 1		PI 2													
	Yes	No	Yes	No												
<p>17. Have you used tobacco or other nicotine products in any form in the last 36 months? <i>(If yes, please provide month/year last used: PI 1 _____ / _____ PI 2 _____ / _____)</i> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year Month Year </div> </p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>18. In the last 10 years, have you been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i> <i>(Check all that apply)</i> <i>(Check all that apply)</i></p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/> cancer or tumor</td> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/> diabetes</td> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/> stroke or transient ischemic attack (TIA)</td> </tr> </table>	PI 1	PI 2	PI 1	PI 2	a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure	b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
PI 1	PI 2	PI 1	PI 2													
a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure													
b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)													
<p>19. Have you 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></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>20. In the last 5 years, have you for any reason not previously explained: <i>(If yes, explain.)</i></p> <p>a. seen a doctor or psychologist?</p> <p>b. had medication prescribed other than medications for cold, flu, seasonal allergies (i.e. hay fever), or birth control? <i>(If yes, list and explain.)</i></p> <p>c. 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, or hospital?</p> <p>d. been told by a member of the medical profession surgery was necessary?</p>	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>21. In the last 3 years, have you: <i>(If yes, explain.)</i></p> <p>a. been convicted of or pleaded guilty to any felony or any moving violations or driving under the influence of alcohol or drugs?</p> <p>b. engaged in any type of aviation activity (other than as a passenger); or is any such activity planned in the next 6 months?</p> <p>c. engaged in avocations such as mountain/rock climbing, vehicle racing, SCUBA/skin diving, sky diving, ballooning, or hang gliding; or is any such activity planned in the next 6 months?</p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>22. Do you plan to leave or travel from the United States or Canada in the next 6 months? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												

23. Proposed Insured 1 or Applicant, if other than Proposed Insured 1:

	Yes	No
<p>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.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>b. Have you received or do you anticipate receiving any type of inducement, fee, or compensation as an incentive to purchase the policy you are applying for? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>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.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>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.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]

Applications (Ages 16 & up if NO medical exam is required): Complete 24-26

		PI 1		PI 2	
		Yes	No	Yes	No
24. In the last 10 years, have you for any reason not previously explained, been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<i>(Check all that apply)</i>					
PI 1	PI 2			PI 1	PI 2
a. <input type="checkbox"/>	<input type="checkbox"/> respiratory disorder			c. <input type="checkbox"/>	<input type="checkbox"/> mental or nervous disorder
b. <input type="checkbox"/>	<input type="checkbox"/> liver or intestinal disorder			d. <input type="checkbox"/>	<input type="checkbox"/> blood disorder
25. In the last 5 years, have you applied for or received disability benefits; had an injury to your neck, back, arm, or leg; or had any loss of sight or hearing? <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
26. In the last 5 years, have you 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? <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]

27. Explanations:

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

[Q20 a. Annual physical with Dr. William Carter, Bloomington, IL]

28. Agreements

Coverage will be effective as of the Policy Date if the following conditions are met: the first premium is paid when this policy is delivered; the Proposed Insureds are living on the delivery date; and, on that delivery date, the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

For changes in Basic Amount for a Universal Life Policy, the change will be effective on the Deduction Date on or next following acceptance of the change by the Company if on such Deduction Date the following conditions are met: there is enough Cash Surrender Value to make the required monthly deduction; the Proposed Insureds are all living; and the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

However, if a binding receipt has been given and is in effect, its terms apply.

All Proposed Insureds and the Applicant state that the information in this Application and any medical history is true and complete to the best of their knowledge and belief. Information is not true and complete to the best of their knowledge and belief if it misrepresents or omits a fact which a Proposed Insured or the Applicant knew or should have known, regardless whether the misrepresentation or omission was intentional. It is agreed that the Company can investigate the truth and completeness of such information while this policy is contestable.

By accepting this Policy, the Owner agrees to the beneficiaries named 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. Neither the agent nor a medical examiner may pass on insurability.

Any policy issued on this Application will be owned by Proposed Insured 1 or the Applicant, if other than Proposed Insured 1.

Insurance laws may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance 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.)

SAMPLE

Date Signed [August 15, 2010]

Signature of Proposed Insured 1 X [John J. Doe]
Not required if Proposed Insured is under age 16.

at [Bloomington] [IL]
City State

Signature of Proposed Insured 2 X [Jane A. Doe]

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

Signature of Applicant X [Jane A. Doe]
Not required unless applicant is other than Proposed Insured 1. If a firm or corporation is to be the owner, give its name and signature of authorized officer.



Individual Life Insurance Application Supplement

1. Name of Proposed Insured [John J Doe]	Birth Date [8/22/1972]	Application No.(s) [LF-0000-0000]
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In DETAILS for "Yes" answers, IDENTIFY QUESTION NUMBER and include diagnoses, dates, durations, and names and addresses of all physicians and medical facilities. If needed, use additional sheets.

2. In the last 10 years, have you been diagnosed, treated, or been given advice by a member of the medical profession for:	Yes	No	DETAILS:
a. Disorder of eyes (other than vision correction)?	<input type="radio"/>	<input checked="" type="radio"/>	
b. Dizziness, fainting, epilepsy, convulsions, seizures; frequent or severe headaches?	<input type="radio"/>	<input checked="" type="radio"/>	
c. Paralysis, stroke; or disorder of the brain, spinal cord, or nerves?	<input type="radio"/>	<input checked="" type="radio"/>	
d. Shortness of breath, asthma, emphysema, pneumonia, sleep apnea or other respiratory disorder?	<input type="radio"/>	<input checked="" type="radio"/>	
e. Chest pain, heart attack, high blood pressure, heart murmur, or other disorder of the heart or blood vessels?	<input type="radio"/>	<input checked="" type="radio"/>	
f. Hepatitis, ulcer, colitis; or other disorder of the stomach, esophagus, intestines, rectum, or liver?	<input type="radio"/>	<input checked="" type="radio"/>	
g. Mental health conditions, including anxiety, depression or psychiatric disorders?	<input type="radio"/>	<input checked="" type="radio"/>	
h. Diabetes, disorder of the bladder or kidneys, disorder of the thyroid, or any other endocrine disorder?	<input type="radio"/>	<input checked="" type="radio"/>	
i. Sexually transmitted disease; disorder of reproductive organs; disorder of the breasts, or prostate?	<input type="radio"/>	<input checked="" type="radio"/>	
j. Arthritis; deformity or amputation; or injury or disorder of the neck, back, bones or joints?	<input type="radio"/>	<input checked="" type="radio"/>	
k. Cyst, tumor, or cancer?	<input type="radio"/>	<input checked="" type="radio"/>	
l. Disorder of the skin or lymph glands?	<input type="radio"/>	<input checked="" type="radio"/>	
m. Leukemia, anemia, immune deficiency (except for Human Immunodeficiency Virus), or any other blood disorder?	<input type="radio"/>	<input checked="" type="radio"/>	
n. Recurrent fever, fatigue, or night sweats?	<input type="radio"/>	<input checked="" type="radio"/>	
3. Have you 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)?	<input type="radio"/>	<input checked="" type="radio"/>	
4. To the best of your knowledge and belief, are you now pregnant? Have you ever had complications of pregnancy, including cesarean section?	<input type="radio"/>	<input checked="" type="radio"/>	

Name of Proposed Insured [John J. Doe]	Application No.(s) [LF-0000-0000]
---	--------------------------------------

<p>5. Have you, in the last 5 years:</p> <p>a. Used cocaine, marijuana, methamphetamine, or any other controlled substance or narcotic not prescribed by a member of the medical profession? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>b. Had medical treatment or counseling for use of alcohol or prescribed or non-prescribed drugs or been advised by a physician to discontinue use of alcohol or prescribed or non-prescribed drugs? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>6. Other than what we've already discussed, have you, in the last 5 years:</p> <p>a. Been diagnosed, treated or been given advice by a member of the medical profession for any mental or physical disorder not already mentioned? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>b. Had or been advised to have treatment or a test (except for Human Immunodeficiency Virus), electrocardiogram, X-ray or scan in a medical facility such as a physician's office, lab, clinic, emergency room, or hospital? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>c. Had surgery or been told by a member of the medical profession surgery was necessary? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>7. Have you, in the last 3 years, claimed or received any benefits because of injury, sickness, or disability? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>8. Have you had any unexplained change in weight in the last 12 months? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>9. Have you used tobacco or any nicotine products in any form in the last 36 months? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>10. In the last 5 years, have you for any reason not previously explained, had medication prescribed other than medications for cold, flu, seasonal allergies (i.e. hay fever) or birth control? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>11. Who is your physician for routine care or illness? [Dr. William Catner]</p> <p>12. Have you seen your physician for any reason other than what you've already mentioned? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p> <p>13. Has your father, mother, or any brother or sister been diagnosed or treated by a member of the medical profession for diabetes, cancer, or heart disease before age 60? [<input type="radio"/> Yes <input checked="" type="radio"/> No]</p>	<p>DETAILS:</p>
--	-----------------

I state that all information in this Life Application Supplement and any additional sheets is true and complete to the best of my knowledge and belief. This Life Application Supplement and any additional sheets will be part of my 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.

Witness to Signature X [Mark Smith] Dated On [August 15 2010]
Month Day Year

X [John J. Doe]
Signature of Proposed Insured



Individual Life Insurance Application Supplement – Juvenile

(Note: This form is to be used only in connection with applications for children under age 16.)

1. Name of Proposed Insured (Child) [James J. Doe]	Birth Date [9/21/2002]	Application No.(s) [LF-0000-0000]
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In DETAILS for "Yes" answers, IDENTIFY QUESTION NUMBER and include diagnoses, dates, durations, and names and addresses of all physicians and medical facilities. If needed, use additional sheets.

2. Answer only if Child is under age 1: a. What was the birth weight? _____ b. Was the birth premature, abnormal, or associated with any lung disorder?	Yes	No	DETAILS:
	<input type="radio"/>	<input type="radio"/>	
3. Has the Child ever been diagnosed or treated by a member of the medical profession for:			
a. Paralysis, epilepsy, convulsions, fainting, nervous or mental disorder?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
b. Rheumatic fever, chorea, heart murmur (suspected or confirmed)?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
c. Asthma, allergies, or pneumonia?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
d. Diabetes?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
e. Leukemia, anemia, immune deficiency (except for Human Immunodeficiency Virus), or any other blood disorder?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
4. Has the Child 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)?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
5. Other than what we've already discussed, has the Child:			
a. Been exposed to any contagious disease within the past month?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
b. Had any abnormal development in weight, speech, growth, or walking?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
c. Received treatment, observation, or diagnosis in any hospital, emergency room, or other medical facility?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
6. Is the Child now receiving any treatment or taking prescribed medication?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
7. Who is the Child's physician for routine care or illness? [Dr. William Catner]			
8. Has the Child seen the physician noted above for any reason other than what you've already mentioned?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	
9. Has the Child's father, mother, or any brother or sister been diagnosed or treated by a member of the medical profession for diabetes, cancer, or mental illness? Have any had high blood pressure, stroke, or heart disease before age 60?	[<input type="radio"/>]	[<input checked="" type="radio"/>]	

I state that all information in this Life Application Supplement and any additional sheets is true and complete to the best of my knowledge and belief. This Life Application Supplement and any additional sheets will be part of the application on the child.

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.

Witness to Signature X [Mark Smith]

Dated On [August 15, 2010]
Month Day Year

X [John Doe]
Signature of Applicant or Parent

SAMPLE

SERFF Tracking Number: STFL-126423717 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45046
Company Tracking Number: SFL09151
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ST Riders WL / 09151
Project Name/Number: ST Riders WL / 09151/ST Riders WL / 09151

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

See attached Flesch Certification for the forms being submitted.

Attachment:

ARFLESCH 09151 et al.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application for 1000704 AR.1 will be used with the forms in this submission; form 1000704 AR.1 is attached under the Form Schedule tab.

Item Status: **Status Date:**

Satisfied - Item: Sample Specification Pages 3&4

Comments:

See attached sample specification page displaying the new rider information.

Attachment:

07000 04 Pg 3&4 with Select Term Riders NonT 20091228 -bracketed FINAL.pdf

Item Status: **Status Date:**

Satisfied - Item: Regulation 19 Certification

Comments:

See attached Regulation 19 Certification.

Attachment:

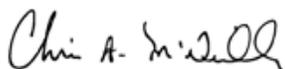
ARREG19 09151 et al.pdf

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.

<u>Form #</u>	<u>Flesch Score</u>
09151	58
09152	58
09153	58
09171	57
09172	57
09173	57
1000704 AR.1	50
1002906	51
1002905	51



Chris A McNeilly

Assistant Secretary

Title

February 24, 2010

Date

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Basic Plan Amount \$[100,000]
 Policy Date [August 15, 2010]
 Issue Date [August 15, 2010]
 Additional Insured [JANE A DOE] Age [35]
 [(Female)]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Form	Description	Initial Amount	Benefit Period Ends	Annual Premium	Premiums Payable
07000	Basic Plan (Whole Life Paid-up at Age 100) Class of Risk: [Standard Male Non-tobacco]	\$[100,000]	With Life	\$[1,501.00]	To [2075]
09151	Adjustable Premium Level Term to Age 95 *Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco] See Adjustment of Premium provision in this Rider for Premiums for this Rider after 10 years.	\$[100,000]	In [2070]	\$[162.00]*	To [2020]*
09152	Adjustable Premium Level Term to Age 95 *Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco] See Adjustment of Premium provision in this Rider for Premiums for this Rider after 20 years.	\$[100,000]	In [2070]	\$[193.00]*	To [2030]*
09153	Adjustable Premium Level Term to Age 95 *Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco] See Adjustment of Premium provision in this Rider for Premiums for this Rider after 30 years.	\$[100,000]	In [2070]	\$[332.00]*	To [2040]*

Continued on Next Page

S C H E D U L E O F P R E M I U M S

Continued From Page 3

09171 Additional Insured's \$[100,000] In [2070] \$[127.00]* To [2020]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 10 years.

09172 Additional Insured's \$[100,000] In [2070] \$[162.00]* To [2030]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 20 years.

09173 Additional Insured's \$[100,000] In [2070] \$[264.00]* To [2040]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 30 years.

S C H E D U L E O F P R E M I U M S

Beginning	Annual	Monthly
[August 15, 2010	\$ 2,741.00	\$ 238.46]
[August 15, 2011	2,741.00	238.46]
[August 15, 2012	2,741.00	238.46]
[August 15, 2013	2,741.00	238.46]
[August 15, 2014	2,741.00	238.46]
[August 15, 2015	2,741.00	238.46]
[August 15, 2016	2,741.00	238.46]
[August 15, 2017	2,741.00	238.46]
[August 15, 2018	2,741.00	238.46]

Continued on Next Page
 Page 3

SCHEDULE OF PREMIUMS

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2019	\$ 2,741.00	\$ 238.46]
[August 15, 2020	3,721.00	323.72]
[August 15, 2021	3,844.00	334.42]
[August 15, 2022	3,964.00	344.86]
[August 15, 2023	4,078.00	354.78]
[August 15, 2024	4,213.00	366.53]
[August 15, 2025	4,375.00	380.62]
[August 15, 2026	4,570.00	397.59]
[August 15, 2027	4,798.00	417.42]
[August 15, 2028	5,050.00	439.35]
[August 15, 2029	5,344.00	464.92]
[August 15, 2030	8,547.00	743.59]
[August 15, 2031	9,249.00	804.66]
[August 15, 2032	9,957.00	866.26]
[August 15, 2033	10,677.00	928.90]
[August 15, 2034	11,469.00	997.80]
[August 15, 2035	12,375.00	1,076.63]
[August 15, 2036	13,437.00	1,169.02]
[August 15, 2037	14,631.00	1,272.90]
[August 15, 2038	15,921.00	1,385.13]
[August 15, 2039	17,289.00	1,504.14]
[August 15, 2040	26,476.00	2,303.42]
[August 15, 2041	28,753.00	2,501.51]
[August 15, 2042	31,192.00	2,713.71]
[August 15, 2043	33,820.00	2,942.34]
[August 15, 2044	36,736.00	3,196.04]
[August 15, 2045	40,093.00	3,488.09]
[August 15, 2046	44,071.00	3,834.18]
[August 15, 2047	48,607.00	4,228.81]
[August 15, 2048	53,449.00	4,650.07]
[August 15, 2049	58,714.00	5,108.12]
[August 15, 2050	64,465.00	5,608.46]
[August 15, 2051	70,882.00	6,166.74]
[August 15, 2052	78,208.00	6,804.10]
[August 15, 2053	86,524.00	7,527.59]
[August 15, 2054	95,776.00	8,332.52]
[August 15, 2055	106,504.00	9,265.85]
[August 15, 2056	118,735.00	10,329.95]
[August 15, 2057	131,686.00	11,456.69]
[August 15, 2058	145,609.00	12,667.99]
[August 15, 2059	161,107.00	14,016.31]
[August 15, 2060	177,739.00	15,463.30]
[August 15, 2061	196,540.00	17,098.98]
[August 15, 2062	217,987.00	18,964.87]
[August 15, 2063	240,712.00	20,941.95]
[August 15, 2064	264,040.00	22,971.48]
[August 15, 2065	284,812.00	24,778.65]
[August 15, 2066	305,062.00	26,540.40]
[August 15, 2067	330,352.00	28,740.63]

Continued on Next Page

S C H E D U L E O F P R E M I U M S

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2068	\$360,349.00	\$31,350.37]
[August 15, 2069	394,828.00	34,350.04]
[August 15, 2070	1,501.00	130.59]
[August 15, 2071	1,501.00	130.59]
[August 15, 2072	1,501.00	130.59]
[August 15, 2073	1,501.00	130.59]
[August 15, 2074	1,501.00	130.59]

If the premium paid is not the annual premium, the total amount of premium due each year is greater than the annual premium. Premiums other than the annual premium are increased to reflect the time value of money. Monthly premiums must be paid under one of the monthly payment plans made available.

Initial Payment of \$[2,741.00] will provide coverage to [August 15, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00] and for the monthly premium is \$[4.35].

SCHEDULE OF INSURANCE AND VALUES

- Insurance Amount -		-----Guaranteed Values-----					
On Insured	On Additional Insured	[August 15],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days	
\$[400,000	\$300,000	2010]					
[400,000	300,000	2011	1	.00	0.00	0	0]
[400,000	300,000	2012	2	328.00	1,500.00	2	131]
[400,000	300,000	2013	3	1,397.00	5,900.00	8	59]
[400,000	300,000	2014	4	2,500.00	10,200.00	12	107]
[400,000	300,000	2015	5	3,639.00	14,300.00	15	132]
[400,000	300,000	2016	6	4,812.00	18,300.00	17	187]
[400,000	300,000	2017	7	6,020.00	22,100.00	19	68]
[400,000	300,000	2018	8	7,261.00	25,800.00	20	152]
[400,000	300,000	2019	9	8,535.00	29,300.00	21	122]
[400,000	300,000	2020	10	9,838.00	32,600.00	22	20]
[400,000	300,000	2021	11	11,175.00	35,900.00	22	231]
[400,000	300,000	2022	12	12,545.00	39,000.00	23	36]
[400,000	300,000	2023	13	13,955.00	41,900.00	23	166]
[400,000	300,000	2024	14	15,411.00	44,800.00	23	257]
[400,000	300,000	2025	15	16,912.00	47,600.00	23	315]
[400,000	300,000	2026	16	18,455.00	50,300.00	23	345]
[400,000	300,000	2027	17	20,038.00	52,900.00	23	352]
[400,000	300,000	2028	18	21,655.00	55,400.00	23	339]
[400,000	300,000	2029	19	23,304.00	57,800.00	23	306]
[400,000	300,000	2030	20	24,980.00	60,000.00	23	255]
[400,000	300,000	2031	21	26,626.00	62,100.00	23	175]
[400,000	300,000	2032	22	28,293.00	64,000.00	23	81]
[400,000	300,000	2033	23	29,989.00	65,900.00	22	340]
[400,000	300,000	2034	24	31,719.00	67,700.00	22	224]
[400,000	300,000	2035	25	33,478.00	69,400.00	22	99]
[400,000	300,000	2036	26	35,259.00	71,100.00	21	332]
[400,000	300,000	2037	27	37,051.00	72,700.00	21	194]
[400,000	300,000	2038	28	38,848.00	74,200.00	21	49]
[400,000	300,000	2039	29	40,647.00	75,600.00	20	265]
[400,000	300,000	2040	30	42,450.00	76,900.00	20	110]
[400,000	300,000	2041	31	44,261.00	78,200.00	19	314]
[400,000	300,000	2042	32	46,084.00	79,400.00	19	152]
[400,000	300,000	2043	33	47,924.00	80,600.00	18	347]
[400,000	300,000	2044	34	49,782.00	81,800.00	18	181]
[400,000	300,000	2045	35	51,658.00	82,800.00	18	4]
[400,000	300,000	2046	36	53,546.00	83,900.00	17	200]
[400,000	300,000	2047	37	55,429.00	84,900.00	17	20]
[400,000	300,000	2048	38	57,296.00	85,900.00	16	213]
[400,000	300,000	2049	39	59,153.00	86,800.00	16	33]
[400,000	300,000	2050	40	61,000.00	87,600.00	15	227]

Continued on Next Page

SCHEDULE OF INSURANCE AND VALUES

Continued from Page 4

- Insurance Amount -		-----Guaranteed Values-----				
On Insured	On Additional Insured	[August 15],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
\$[400,000	\$300,000	2035	Age 60	33,478.00	69,400.00	22 99]
[400,000	300,000	2037	Age 62	37,051.00	72,700.00	21 194]
[400,000	300,000	2040	Age 65	42,450.00	76,900.00	20 110]
[400,000	300,000	2045	Age 70	51,658.00	82,800.00	18 4]

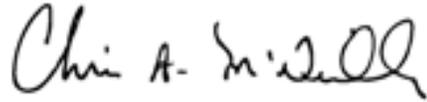
Guaranteed values at the end of any Policy Year presume payment of all specified premiums to the end of such Policy Year. The interest rate for guaranteed values and single premiums is 4.0% a year. The mortality table used is the 2001 CSO mortality table.

STATE OF ARKANSAS

CERTIFICATION

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

Form # 09151, 09152, 09153, 09171, 09172, 09173, 1000704 AR.1, 1002906, 1002905



Chris A. McNeilly
Assistant Secretary

March 1, 2010

Date