

SERFF Tracking Number: SFCM-126757446 State: Arkansas  
 Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 46459  
 Company Tracking Number: Z500  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Medicare Annual Election Period Letter  
 Project Name/Number: Medicare Annual Election Period Letter /Z500

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Medicare Annual Election Period Letter SERFF Tr Num: SFCM-126757446 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed State Tr Num: 46459  
 Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: Z500 State Status: Filed-Closed

Filing Type: Advertisement

Authors: Tammie Mills, Gerald Younge

Reviewer(s): Stephanie Fowler  
 Disposition Date: 08/26/2010

Date Submitted: 08/10/2010

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Annual Election Period Letter

Project Number: Z500

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/26/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/26/2010

Created By: Gerald Younge

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tammie Mills

Filing Description:

Re: Individual Health Insurance

NAIC #176-25178

Medicare

SF Filing #Z500

Forms:

Z500-Medicare Annual Election Period Letter

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Enclosed for filing on behalf of the State Farm Mutual Automobile Insurance Companies of Bloomington, Illinois is the above referenced Medicare Annual Election Period Letter.

This letter will be mailed to potential Medicare insured's from their State Farm Agent's office.

This letter is currently pending in Illinois.

## Company and Contact

### Filing Contact Information

Gerald Younge, Tech - Contracts & Compliance gerald.younge.jbnp@statefarm.com  
 1 State Farm Plaza 309-766-0406 [Phone]  
 Bloomington, IL 61710-0001 309-766-8483 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance Company CoCode: 25178 State of Domicile: Illinois  
 One State Farm Plaza Group Code: 176 Company Type:  
 Laura Walters / Marketing D-3 Group Name: State ID Number:  
 Bloomington, IL 61710 FEIN Number: 37-0533100  
 (309) 763-8104 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 filing fee per form  
 We are filing one form at this time  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$50.00	08/10/2010	38669143

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	08/26/2010	08/26/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Stephanie	08/26/2010	08/26/2010			
Industry	Fowler					
Response						

*SERFF Tracking Number:* SFCM-126757446      *State:* Arkansas  
*Filing Company:* State Farm Mutual Automobile Insurance      *State Tracking Number:* 46459  
*Company*  
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*TOI:* MS06 Medicare Supplement - Other      *Sub-TOI:* MS06.000 Medicare Supplement - Other  
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## **Disposition**

Disposition Date: 08/26/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SFCM-126757446</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>46459</i>
<i>Company Tracking Number:</i>	<i>Z500</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Annual Election Period Letter</i>		
<i>Project Name/Number:</i>	<i>Medicare Annual Election Period Letter /Z500</i>		
<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	Medicare Annual Election Period Letter	Filed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/26/2010  
Submitted Date 08/26/2010  
Respond By Date 09/27/2010

Dear Gerald Younge,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Medicare Annual Election Period Letter , Z500 (Form)

Comment: AR R&R 41 Guideline 7-A (19) requires that a lead generating devise must include a statement that an agent will call if such is the case.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 08/26/2010	Z500	Advertising Medicare Annual Election Period Letter	Initial			Z500.pdf

**Agent A. Agent**

123 Any Street  
Suite ABCD  
Anywhere, XY 12345  
309 766 6411 Fax 309 763 8587



State Farm  
Mutual Automobile  
Insurance Company  
Providing Insurance and  
Financial Services

Sample A. Sample  
123 Main Street  
Anytown, US 12345-6789



The purpose of this communication  
is the solicitation of insurance.  
Contact will be made by an insurance  
agent or insurance company.

Dear Sample A. Sample,

It will soon be time for you to make Medicare health benefit choices for 2011. The Annual Election Period for 2011 benefits runs from November 15 through December 31, 2010.

The Medicare program provides several great coverage options, and it's important that you are aware of your choices, so that you can make an informed decision regarding your Medicare coverage. I would like to take a few moments to discuss your options with you. Together, we can determine which one may be best for your situation.

If you have a few moments, please call me at (xxx) xxx-xxxx or stop by my office. Or, complete and return the card below and a representative from my office will contact you at your convenience.

It is very important that we discuss Medicare and the options available to you so that you can obtain the coverage that you feel is right for you.

Warmest wishes for life and health,



*Agent A. Agent*

Agent Name  
e-mail address here if used

State Farm® Medicare Supplement Insurance Plans are available to qualified applicants under the age of 65 who meet applicable eligibility requirements in states where it is mandated to issue to under age 65 applicants. **Not connected with or endorsed by the U.S. government or the federal Medicare program.**

Detach here

**Future Request for Contact**

By completing this information, you are agreeing to permit a State Farm agent to contact you within the next two weeks. Your information will be kept confidential.

State Farm Medicare Supplement Insurance Plans are available to qualified applicants under the age of 65 who meet applicable eligibility requirements in states where it is mandated to issue to under age 65 applicants. **Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best time to contact: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

State Farm Mutual Automobile Insurance Company  
Bloomington, IL

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