

SERFF Tracking Number: STFL-127868265 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 50437
Company Tracking Number: SFL-1004374 B
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.003 Joint (First to Die)
Adjustable Life
Product Name: Joint Universal Life Guaranteed Insurability Option Application
Project Name/Number: Joint Universal Life Guaranteed Insurability Option Application /SFL-1004374 b

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Joint Universal Life Guaranteed SERFF Tr Num: STFL-127868265 State: Arkansas

Insurability Option Application

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 50437

Adjustable Life Closed

Sub-TOI: L09I.003 Joint (First to Die)

Co Tr Num: SFL-1004374 B

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Rachel Lighthall, Maureen Macak Disposition Date: 12/14/2011

Macak

Date Submitted: 12/09/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 04/28/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Joint Universal Life Guaranteed Insurability Option Application

Status of Filing in Domicile: Not Filed

Project Number: SFL-1004374 b

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our state of domicile, Illinois, is a member of the Interstate Insurance Product Regulation Commission.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 12/14/2011

State Status Changed: 12/14/2011

Deemer Date:

Created By: Maureen Macak

Submitted By: Maureen Macak

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration is the following new individual life insurance policy form:

Form Number, Form Name

1004374 b, Application to Exercise the Right to Purchase Additional Individual Life Insurance

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Form 1004374 b is used to apply for additional coverage through a State Farm agent when a guaranteed insurability option is exercised. The application is generated automatically prior to the regular option date and will be based on the policy to which the guaranteed insurability benefit rider is attached.

Form 1004374 b will be used with the Joint Universal Life policy, which is form 12037-04 and was approved by your department on September 2, 2011 under SERFF tracking number STFL-127348922 and state tracking number 49645.

This form will be marketed exclusively through State Farm agents.

The effective date of this form will be April 28, 2012.

Company and Contact

Filing Contact Information

Maureen Macak, Tech - Contracts & Compliance maureen.macak.ljrd@statefarm.com
 1 State Farm Plaza 309-763-2341 [Phone]
 Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 Form @ \$50.00 = \$50.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------|--------|----------------|---------------|
|---------|--------|----------------|---------------|

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State Farm Life Insurance Company \$50.00 12/09/2011 54395879

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 12/14/2011 | 12/14/2011 |

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Disposition

Disposition Date: 12/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Health - Actuarial Justification | | No |
| Supporting Document | Outline of Coverage | | Yes |
| Supporting Document | Regulation 19 Certification | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Form | Application to Exercise the Right to Purchase Additional Individual Life Insurance | | Yes |

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Form Schedule

Lead Form Number: 1004374 b

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|--|
| | 1004374 b | Application/ Enrollment Form Application to Exercise the Right to Purchase Additional Individual Life Insurance | Initial | | | JUL GIO App - 1004374 b_12-08-2011_Bracketed.pdf |



State Farm Life Insurance Company
One State Farm Plaza, Bloomington, IL 61710-0001

Application to Exercise the Right to Purchase Additional Individual Life Insurance

Based on the Guaranteed Insurability Option Benefit Rider contained in policy number [LF-1234-5678], I wish to apply for an increase in the Basic Amount of my Joint Universal Life policy effective on the next available Option Date.

Owner: [John Doe]

Social Security or Tax Identification Number: [123-45-6789]

Proposed Insured 1

Name: [John Doe]

Birth Date: [August 28, 1991]

Sex: [Male]

Marital Status: [Married]

Beneficiaries

Primary: [Jane Doe]

Relationship: [Spouse]

Successor: [Jill Doe]

Relationship: [Mother]

Proposed Insured 2

Name: [Jane Doe]

Birth Date: [October 1, 1991]

Sex: [Female]

Marital Status: [Married]

Beneficiaries

Primary: [John Doe]

Relationship: [Spouse]

Successor: [Cathy Jones]

Relationship: [Mother]

Basic Plan: [Joint Universal Life Increase]

Amount of Increase: [\$50,000]

Amount of Premium Increase: [\$256.80]

Mode: [Annual]

If exercising option due to a Named Event (marriage/legally sanctioned civil union/domestic partnership or the birth/adoption of child to both Insureds), what is the date of the Named Event? [06/15/2013]
(MM/DD/YYYY)

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.

[John J. Doe]
Owner's Signature

[John J. Doe]
Owner's Name (please print)

Date Signed [July 15, 2013] at [Bloomington, IL]
City State

[Mark Smith]
Agent's Signature

[Mark Smith]
Agent's Name (please print)

[00-0000]
Florida Agents Only - Legibly print or type Agent's license identification number

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| <p>Satisfied - Item: Flesch Certification Comments: Please see the attached Flesch Certification. Attachment: ARFLESCH 1004374 b 12-8-11.pdf</p> | | |
| <p>Satisfied - Item: Application Comments: Please see Form Schedule tab.</p> | | |
| <p>Satisfied - Item: Health - Actuarial Justification Comments: Not applicable to this filing.</p> | | |
| <p>Satisfied - Item: Outline of Coverage Comments: Not applicable to this filing.</p> | | |
| <p>Satisfied - Item: Regulation 19 Certification Comments: Please see the attached Regulation 19 Certification form.</p> | | |

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Attachment:

ARREG19 1004374 b - 12-8-11 .pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Please see the attached Statement of Variability.

Attachment:

1004374 b - AR Statement of Variability - 12-8-11.pdf

STATE OF ARKANSAS

CERTIFICATE

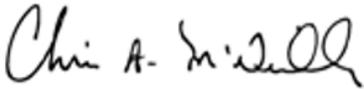
This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form #

Flesch Score

1004374 b

57



Chris A. McNeilly

Assistant Secretary

Title

December 8, 2011

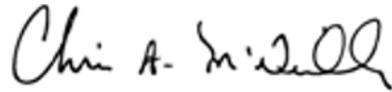
Date

STATE OF ARKANSAS

CERTIFICATION

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

Form # 1004374 b



Chris A. McNeilly
Assistant Secretary

December 8, 2011

Date

State Farm Life Insurance Company

**Statement of Variability
1004374 b**

The bracketed variable material includes the following:

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