

SERFF Tracking Number: SFCM-127365316 State: Arkansas  
 Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49547  
 Company Tracking Number: Z500.1  
 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 /Z500.1

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Medicare Annual Election Period Letter SERFF Tr Num: SFCM-127365316 State: Arkansas

TOI: MS06 Medicare Supplement - Other SERFF Status: Closed-Filed-Closed State Tr Num: 49547

Sub-TOI: MS06.000 Medicare Supplement - Other Co Tr Num: Z500.1 State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler  
 Disposition Date: 09/06/2011  
 Authors: Tammie Mills, Gerald Younge  
 Date Submitted: 08/15/2011  
 Disposition Status: Filed-Closed

Implementation Date Requested:  
 State Filing Description:

Implementation Date:

## General Information

Project Name: Medicare Annual Election Period Letter  
 Project Number: Z500.1  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: This letter is currently pending in Illinois.  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 09/06/2011  
 State Status Changed: 09/06/2011  
 Created By: Gerald Younge  
 Corresponding Filing Tracking Number:

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Gerald Younge  
 Filing Description:  
 Re: Individual Health Insurance  
 NAIC #176-25178  
 Medicare  
 SF Filing #Z500.1  
 Forms:  
 Z500.1-2012 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 2012 Medicare Annual Election Period Letter.

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

The Z500 letter was filed in the state of Alaska under SFCM-126757446 and it was approved on 8/26/2010.

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]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$50.00	08/15/2011	50609956

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/06/2011	09/06/2011

*SERFF Tracking Number:* SFCM-127365316      *State:* Arkansas  
*Filing Company:* State Farm Mutual Automobile Insurance      *State Tracking Number:* 49547  
*Company*  
*Company Tracking Number:* Z500.1  
*TOI:* MS06 Medicare Supplement - Other      *Sub-TOI:* MS06.000 Medicare Supplement - Other  
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## **Disposition**

Disposition Date: 09/06/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SFCM-127365316</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>49547</i>
<i>Company Tracking Number:</i>	<i>Z500.1</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 /Z500.1</i>		
<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	Medicare Annual Election Period Letter	Filed-Closed	Yes

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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-Closed 09/06/2011	Z500.1	Advertising Medicare Annual Election Period Letter	Revised	Replaced Form #: Z500 Previous Filing #: SFCM-126757446		Z500.1.pdf

**Agent A. Agent**

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



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 2012. The Annual Election Period for 2012 benefits runs from October 15 through December 7, 2011.

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 (000) 123-6789 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

Z500.1

Detach here

**Future Request for Contact**

By completing this information, you are agreeing to permit a State Farm agent/producer 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.

Z500.1