



FILED

NOV 9 2010

Docketed by: HP

OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
COMMISSIONER

IN THE MATTER OF:
STATE FARM LIFE INSURANCE COMPANY
2008 Freedom to Travel Survey
_____ /

CASE NO: 109962-10

CONSENT ORDER

THIS CAUSE came on for consideration upon the agreement between STATE FARM LIFE INSURANCE COMPANY (hereinafter referred to as "STATE FARM") and the OFFICE OF INSURANCE REGULATION (hereinafter referred to as the "OFFICE"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE finds as follows:

1. The OFFICE has jurisdiction over the subject matter and parties to this proceeding.
2. STATE FARM is a foreign insurer authorized to transact insurance business in Florida.
3. The OFFICE required STATE FARM to submit an electronic survey to comply with the requirements of Rule 690-125.003(8), Florida Administrative Code. Upon review of the information submitted by STATE FARM, the OFFICE determined that STATE FARM violated the following provisions of the Florida Insurance Code and Florida Administrative Code:
 - a. Section 626.9541(1)(dd)(2.), Florida Statutes: An insurer may not refuse life insurance to; refuse to continue the life insurance of; or limit the amount,

extent, or kind of life insurance coverage available to an individual based solely on the individual's future lawful foreign travel plans.

b. Rule 69O-125.003(1), Florida Administrative Code- Refusal to issue any policy, contract or certificate of insurance of any individual, an accident, disability or health insurance policy or certificate, because of the intent of the applicant to engage in future lawful foreign travel or based upon past lawful foreign travel.

4. STATE FARM agrees that upon the execution of this Consent Order, it shall be subject to each of the terms and conditions herein.

5. STATE FARM shall pay to the OFFICE a penalty in the amount of Seven Thousand Five Hundred Dollars (\$7,500) and administrative costs in the amount of Three Thousand Dollars (\$3,000) within thirty (30) days of the execution of this Consent Order.

6. STATE FARM shall, within thirty (30) days of the execution of this Consent Order, provide to the OFFICE a certification signed by an officer of STATE FARM that the corrective action outlined in the examination report has been completed.

7. STATE FARM expressly waives a hearing in this matter, the making of Findings of Fact and Conclusions of Law by the OFFICE, and all further and other proceedings to which STATE FARM may be entitled by law or rules of the OFFICE. STATE FARM hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order, in any forum now or in the future available to it, including the right to any administrative proceeding, state or federal court action, or any appeal.

8. STATE FARM is hereby placed on notice of the requirements of the above referenced provisions of the law, and agrees that any future violations may be deemed willful, subjecting STATE FARM to appropriate penalties.

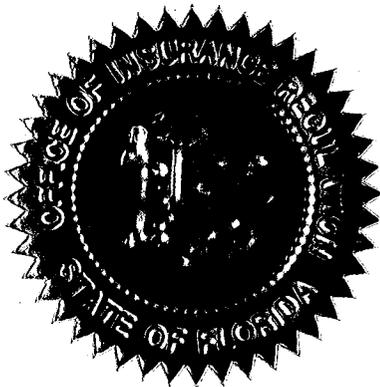
9. STATE FARM agrees that the failure to adhere to one or more of the terms and conditions of this Consent Order shall constitute a violation of a lawful Order of the OFFICE and shall subject STATE FARM to all administrative penalties and remedies available under the Florida Insurance Code.

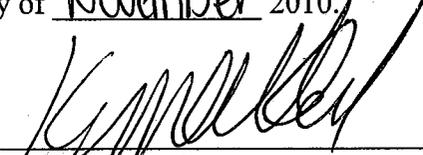
10. Except as noted above, each party to this action shall bear its own costs.

THEREFORE, the agreement between STATE FARM and the OFFICE, the terms and conditions of which are set forth above, is approved.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 9th day of November 2010.





Kevin M. McCarty
Commissioner
Office of Insurance Regulation

By execution hereof, STATE FARM LIFE INSURANCE COMPANY, consents to the entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that he or she has the authority to bind STATE FARM LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.

STATE FARM LIFE INSURANCE COMPANY

By: Wendell Haywood

Print Name: Wendell Haywood

Title: Assistant Vice President

Date: 10/26/2010

[Corporate Seal]

STATE OF Illinois
COUNTY OF Mclean

The foregoing instrument was acknowledged before me this 26th day of Oct 2010,
by Wendell Haywood as officer
(name of person) (type of authority e.g. office, trustee, attorney in fact)
for State Farm Life Co.
(company name)



Kelly Melton
(Signature of the Notary)

Kelly Melton
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification
Type of Identification Produced _____

COPIES FURNISHED TO:

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