

FILED

JUL 10 2012



Docketed by: KT

OFFICE OF INSURANCE REGULATION

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:
STATE FARM LIFE INSURANCE COMPANY
2011 Freedom to Travel Survey

CASE NO: 125624-12

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 hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of, and parties to, this proceeding.
2. STATE FARM is a foreign insurer authorized to transact insurance business in Florida and is subject to the jurisdiction and regulation of the OFFICE pursuant to the Florida Insurance Code.
3. The OFFICE required the submission of an electronic survey of STATE FARM pursuant to Rule 690-125.003(8), Florida Administrative Code. As a result of such survey the OFFICE has determined that STATE FARM has violated the following provision of the Florida Insurance Code:
 - a. Section 626.9541(1)(dd), Florida Statutes- Refusal of life insurance; refusal to continue the life insurance of; or limiting the amount, extent, or kind of life insurance

coverage available to an individual based solely on the individual's past or future lawful foreign travel plans.

4. 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 herein to which the parties 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 Order, in any forum now or in the future available to it, including the right to any administrative proceeding, circuit or federal court action, or any appeal.

5. STATE FARM agrees that upon the execution of this Consent Order, it shall be subject to the following terms and conditions:

a. STATE FARM is assessed an administrative penalty of Fifteen Thousand Dollars (\$15,000). Seven Thousand Five Hundred (\$7,500) of the penalty is waived due to STATE FARM's self-reporting of the violation. The Seven Thousand Five Hundred (\$7,500) penalty and administrative costs of Three Thousand Dollars (\$3,000) shall be paid within thirty (30) days of the execution of this Consent Order.

b. STATE FARM shall henceforth comply with all the provisions of the Florida Insurance Code and the Florida Administrative Code.

c. STATE FARM shall provide the OFFICE with certification by an officer of the Company that training has been completed to ensure that underwriting personnel are aware of the referenced statute section and rule, within thirty (30) days of the execution of this Consent Order.

6. STATE FARM is hereby placed on notice of the requirements of the above referenced sections of law and rules, and agrees that any future violations of these sections or

rules by STATE FARM may be deemed willful, subjecting STATE FARM to appropriate penalties.

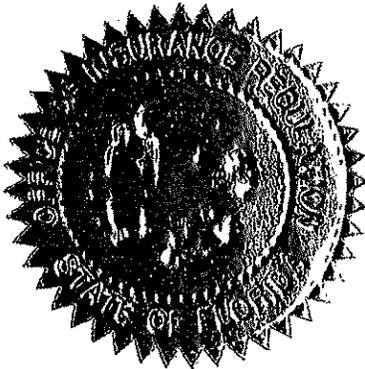
7. STATE FARM agrees that the failure to adhere to one or more of the terms and conditions of this Order shall constitute a violation of a lawful order of the OFFICE and shall subject STATE FARM to such administrative action as the OFFICE may deem appropriate.

8. Except as noted above, each party to this action shall bear its own costs and attorney's fees.

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 above are hereby ORDERED.

DONE AND ORDERED this 10th day of JULY, 2012.



KEVIN M. McCARTY
Commissioner
Office of Insurance Regulation

By execution hereof, STATE FARM LIFE INSURANCE COMPANY consents to entry of this Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions therein. 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: Andy Wieduwilt

Print Name: Andy Wieduwilt

Title: Assistant Vice President - Life/Health Underwriting

Date: 6/26/2012

STATE OF Illinois
COUNTY OF McLean

The foregoing instrument was acknowledged before me this 26 day of June, 2012, by Andy Wieduwilt, who is personally known to me or has produced the following identification drivers license.

[Notarial Seal]

Tina A. Bell
Signature of Notary

Tina A. Bell
Print or Type Name



My Commission Expires: 4-4-2013

COPIES FURNISHED TO:

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