OFFICE OF INSURANCE REGULATION

FILED

MAY 1 2014

OFFICE OF INSURANCE REGULATION

Docketed by: SPB

KEVIN M. MCCARTY
COMMISSIONER

IN THE MATTER OF:
STATE FARM LIFE
INSURANCE COMPANY
2012/2013 Freedom to Travel Survey
_____/

CASE NO: 147398-14-CO

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. 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.

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

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 Consent 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 Seven Thousand Five Hundred Dollars ($7,500) and administrative costs of Three Thousand Dollars ($3,000).

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.

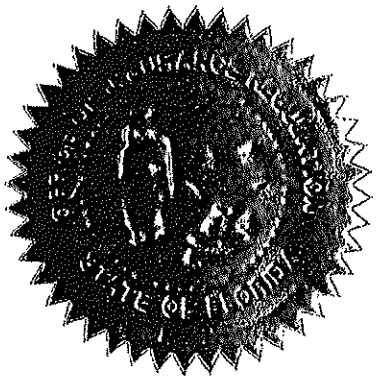
7. STATE FARM agrees that the failure to adhere to one or more of the terms and conditions of this Order shall constitute a violation of a lawful order of the OFFICE and shall subject STATE FARM to such administrative action as the OFFICE may deem appropriate.

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 1ST day of MAY, 2014.



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

[Corporate Seal]

By: Richard Paul

Print Name: RICHARD PAUL

Title: Vice President

Date: 4/18/14

STATE OF Illinois

COUNTY OF McLean

The foregoing instrument was acknowledged before me this 18 day of April, 2014, by Richard Paul, who is personally known to me or has produced the following identification Ill. Drivers License.

OFFICIAL SEAL
BETTY J. TORNQUIST
NOTARY PUBLIC - STATE OF ILLINOIS
My Commission Expires Oct. 25, 2016

[Notarial Seal]

Betty J. Tornquist
Signature of Notary

Betty J. Tornquist
Print or Type Name

My Commission Expires: Oct. 25, 2016

COPIES FURNISHED TO:

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