

**State Farm Mutual Automobile
Insurance Company**

Home Office, Bloomington, Illinois 61710



August 5, 2011

<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>
<INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED NAME >

:

This is to provide notice as required pursuant to New York Insurance Article 32 Section 3231 (e)(1)(a) that State Farm Mutual Automobile Insurance Company filed on August 2, 2011 with the New York State Insurance Department for an average increase in the amount of 13.1% for Standardized Medicare Supplement policies.

The requested rate increase for Plan A, Plan C, Plan F, and Plan B is 13.1%. The impact on your rates may vary depending on the terms of your policy and your individual circumstances.

The request for a rate increase is subject to review and approval by the New York State Insurance Department pursuant to the law, and the request may not be approved or may not be approved for the full amount requested. If approved in whole or in part, the rate change will not affect existing policies until their next anniversary.

Estimated rates including the full requested increase have been included in the enclosed materials.

You may submit written comments or request additional information on the proposed rates within 30 days of the rates being submitted. Comments may be sent to the New York Department of Insurance at the following address

James Carroll
Health Bureau
New York State Insurance Department
One Commerce Plaza
Albany, NY 12257
Or if you prefer to email, PremiumRateIncreases@ins.state.ny.us

To write us here at State Farm Mutual Automobile Insurance Company, please use this address

State Farm Mutual Automobile Insurance Company
1 State Farm Plaza
Bloomington, IL 61701
866-855-1212
Or if you prefer, please contact us online at:
<https://online.statefarm.com/apps/contactSF/pages/commentsSuggestions.asp>

Sincerely,

Policyholder Service
Health Insurance Division

Current Standardized Medicare Supplement Plans (Effective date was May 1, 2011 or upon last renewal)			
Territory	Territory 1	Territory 2	Territory 3
Plan A	\$2,810	\$2,922	\$3,035
Plan C	\$4,377	\$4,552	\$4,727
Plan F	\$4,421	\$4,598	\$4,774
Plan B	\$3,775	\$3,926	\$4,077

Proposed Standardized Medicare Supplement Plans (Estimated effective date is May 1, 2012 or upon renewal)			
Territory	Territory 1	Territory 2	Territory 3
Plan A	\$3,178	\$3,305	\$3,432
Plan C	\$4,950	\$5,148	\$5,346
Plan F	\$5,000	\$5,199	\$5,399
Plan B	\$4,269	\$4,440	\$4,611

Rates vary by county of residence and are based on the average territorial cost differentials within the state of New York.

Territory 1 includes all counties not included in Territory 2 or Territory 3

Territory 2 includes Columbia, Dutchess, Orange, Sullivan, and Ulster counties

Territory 3 includes Bronx, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk, and Westchester counties