

(LTR NAME: MEDICARE SUPPLEMENT RATE INCREASE – NEW YORK–  
PRESTANDARD)

(UPDATED: 12-28-12)

(CARBON COPIES: 2)

(DUPLEX: Y)

(DISPLAY LETTER: Y)

<CURRENT DATE>

<INSURED NAME & ADDRESS>

Re: H<POLICY NUMBER> <PST>

Dear <INSURED LAST NAME>:

<BEGIN BODY>

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 January 4, 2013 with the New York State Department of Financial Services rate changes on Pre-Standardized Medicare Supplement policies.

Rate changes for Form 97033 and 97049 have been requested. The average rate change on Form 97033 and Form 97049 is a 3.1% increase. The impact on your rates may vary depending on the terms of your policy and individual circumstances. A narrative summary that provides a more detailed explanation of the reason we are seeking a premium adjustment is posted on our website and also on the Department of Financial

Services' website.

The request for a rate increase is subject to review and approval by the New York State Department of Financial Services 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. We will provide 60 days written notice of the premium rate adjustment the department ultimately approves.

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:

#BEGIN TABLE

Health Bureau – Premium Rate Adjustments  
New York State Department of Financial Services  
One Commerce Plaza  
Albany, NY 12257

Or if you prefer to email, ☐PremiumRateIncreases@ins.state.ny.us☐

Or at ☐http://www.dfs.ny.gov☐

#END TABLE

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

#BEGIN TABLE

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☐

#END TABLE

<END OF BODY>

Sincerely,

Policyholder Service

Health Insurance Division

<#CO NAME 1><#CO NAME 2><#CO NAME 3>

cc: <EM AGT NAME>, <PST>-<EM AGT CODE>

#BEGIN TABLE

\Pre- Standardized Medicare Supplement Plans\  
\Rate Comparison\  
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	Current	Proposed
Form 97033	\$3,104.33	\$3,199.78
Form 97049	\$2,350.56	\$2,422.77

#END TABLE

The proposed effective date is June 1, 2013. The rate change will go into effect on your next policy anniversary.