

SERFF Tracking Number: SFMA-127312073 State: Wisconsin
First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number:
Company Tracking Number: PV-27969
TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
Product Name: PV-27969
Project Name/Number: PV-27969/PV-27969

Filing at a Glance

Companies: State Farm Fire and Casualty Company, State Farm Mutual Automobile Insurance
Product Name: PV-27969 SERFF Tr Num: SFMA-127312073 State: Wisconsin
TOI: 19.0 Personal Auto SERFF Status: Closed-Filed State Tr Num:
Sub-TOI: 19.0001 Private Passenger Auto Co Tr Num: PV-27969 State Status:
(PPA)
Filing Type: Form Reviewer(s): Shasta Hoffhein
Authors: Laura Culbertson, Julie Davis Disposition Date: 07/20/2011
Date Submitted: 07/08/2011 Disposition Status: Filed
Effective Date Requested (New): 11/01/2011 Effective Date (New):
Effective Date Requested (Renewal): 11/01/2011 Effective Date (Renewal):

General Information

Project Name: PV-27969 Status of Filing in Domicile: Not Filed
Project Number: PV-27969 Domicile Status Comments: N/A
Reference Organization: N/A Reference Number: N/A
Reference Title: N/A Advisory Org. Circular: N/A
Filing Status Changed: 07/20/2011
State Status Changed: Deemer Date: 08/06/2011
Created By: Laura Culbertson Submitted By: Laura Culbertson
Corresponding Filing Tracking Number:
Filing Description:
Enclosed for filing on behalf of State Farm Mutual Automobile Insurance Company and State Farm Fire and Casualty Company is endorsement 6949B.2. This endorsement replaces 6949B.1 and has been prepared in response to Act 14.

1. The following provisions are being removed from 6949B.1. By doing so, policy language that was approved and in place prior to Act 28 is in force again.

a. Medical Payments Coverage, Uninsured Motor Vehicle Coverage, and Underinsured Motor Vehicle Coverage exclusions and "other coverage" language that allowed stacking. This returns us to an approach involving the single highest available limit.

b. "Underinsured Motor Vehicle" definition using an excess trigger. This reactivates our modified difference-in-limits

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trigger.

c. Nonduplication language targeted at not duplicating payment for the same expenses. We revert back to reducing Uninsured and Underinsured Motor Vehicle Coverage limits by other payments.

2. The following provisions were not approved and in use before Act 28. These amendments are being made to track with Act 14.

a. "Uninsured Motor Vehicle" definition. A vehicle "owned by" the government may not be considered an uninsured motor vehicle; we previously stated that a vehicle either "owned by or rented to" the government could not be considered an uninsured motor vehicle. In addition, we have amended corroboration requirements for non-contact accidents involving unknown owners/drivers.

b. "Insured's Duties" for Uninsured Motor Vehicle Coverage. We have amended reporting requirements for accidents involving unknown owners/drivers.

Please see the attached side by side comparisons for further details on the changes.

We certify that the proposed forms meet the Wisconsin readability requirements.

We submit this filing to be effective November 1, 2011 or as soon thereafter as the necessary procedural changes have been implemented.

Sincerely,

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Company and Contact

Filing Contact Information

SERFF Tracking Number: SFMA-127312073 State: Wisconsin
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Bill Roth, Forms Manager bill.roth.ba9w@statefarm.com
 State Farm Mutual Automobile Insurance 309-766-8704 [Phone]
 Company
 One State Farm Plaza, D-4 309-766-0225 [FAX]
 Bloomington, IL 61710

Filing Company Information

State Farm Fire and Casualty Company	CoCode: 25143	State of Domicile: Illinois
1 State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533080	

State Farm Mutual Automobile Insurance	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Bloomington, IL 61710	Group Name:	State ID Number:
(309) 735-0649 ext. [Phone]	FEIN Number: 37-0533100	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Fire and Casualty Company	\$0.00		
State Farm Mutual Automobile Insurance	\$0.00		

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Shasta Hoffhein	07/20/2011	07/20/2011

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Disposition

Disposition Date: 07/20/2011

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Used with form filings that are subject to file & use under s. 631.20(1)(c) and (1m) Wis. Stat.

Effective July 1st, 2008, changes in insurance law exempted certain policy forms from receiving prior approval before use.

This filing may be used 30 days after receipt by OCI.

USE DATE:08/06/2011

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance and Readability	Filed	Yes
Supporting Document	Appraisal or Arbitration Provision	Filed	Yes
Form	Amendatory Endorsement	Filed	Yes

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Form Schedule

Schedule Item	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Filed 07/20/2011	Amendatory Endorsement	6949B.2		Endorsement/Amendment/Conditions	Replaced Replaced Form #: 42.800 6949B.1 Previous Filing #:		6949B.2 SBS revised.pdf 6949B-2.pdf

6949B.2 AMENDATORY ENDORSEMENT

(Underlining indicates differences)

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>MEDICAL PAYMENTS COVERAGE</p> <p>Exclusions</p> <p>(9849B language)</p> <p>THERE IS NO COVERAGE FOR AN <i>INSURED</i>:</p> <p>1. WHO IS STRUCK AS A <i>PEDESTRIAN</i> BY A MOTOR VEHICLE, <i>OWNED BY</i> THAT <i>INSURED</i> OR <i>YOU</i>, IF IT IS NOT <i>YOUR CAR</i> OR A <i>NEWLY ACQUIRED CAR</i>;</p> <p>(The following section is from 9849B which now applies)</p> <p>If Other Medical Payments Coverage or Similar Vehicle Insurance Applies</p> <p>An <i>insured</i> shall not recover for the same <i>medical expenses</i> or funeral expenses under both this coverage and other medical payments coverage or similar vehicle insurance.</p> <p align="center">...</p> <p>If Medical Payments Coverage provided by this policy and one or more other vehicle policies issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> apply to the same <i>bodily injury</i>, then:</p> <p>a. the Medical Payments Coverage limits of such</p>	<p>MEDICAL PAYMENTS COVERAGE</p> <p>a. Exclusions</p> <p>THERE IS NO COVERAGE FOR AN <i>INSURED</i>:</p> <p>1. WHO IS STRUCK AS A <i>PEDESTRIAN</i> BY A MOTOR VEHICLE <i>OWNED BY</i> THAT <i>INSURED</i> OR <i>YOU</i> IF IT IS NOT <i>YOUR CAR</i>, A <i>NEWLY ACQUIRED CAR</i>, OR A <u><i>TEMPORARY SUBSTITUTE CAR</i></u>;</p> <p>If Other Medical Payments Coverage or Similar Vehicle Insurance Applies</p> <p>An <i>insured</i> shall not recover for the same <i>medical expenses</i> or funeral expenses under both this coverage and other medical payments coverage or similar vehicle insurance.</p> <p>Subject to the above:</p> <p>1. <u>If the <i>insured</i> sustains <i>bodily injury</i> while not using a motor vehicle, then the Medical Payments Coverage provided by this policy applies as excess coverage over any other source of reimbursement to which the <i>insured</i> has a legal right, and the following apply.</u></p> <p>a. <u>If Medical Payments Coverage provided by this policy and medical payments coverage or other similar vehicle insurance provided by one or more other sources also apply as excess coverage for the same accident, then the maximum amount that may be paid from all policies combined is the sum of the highest applicable limits corresponding to the three coverages providing those highest applicable limits.</u></p> <p>b. If Medical Payments Coverage provided by this policy and one or more other vehicle policies issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> apply to the same <i>bodily injury</i>, then <i>we</i> may choose one or more of those vehicle policies from which to make payment.</p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>policies shall not be added together to determine the most that may be paid; and</p> <p>b. the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. We may choose one or more policies from which to make payment.</p>	
<p>UNINSURED MOTOR VEHICLE COVERAGE</p> <p>a. Additional Definitions</p> <p><i>Uninsured Motor Vehicle</i> means a land motor vehicle:</p> <p>...</p> <p>2. the owner and driver of which remain unknown and which causes <i>bodily injury</i> to the <i>insured</i>. If there is no physical contact between that land motor vehicle and the <i>insured</i> or the vehicle the <i>insured</i> is <i>occupying</i>, then the facts of the accident must be corroborated by <u>competent evidence provided by someone other than either that <i>insured</i> or any other <i>person</i> who makes a claim under this coverage as a result of the accident.</u></p> <p><i>Uninsured Motor Vehicle</i> does not include a land motor vehicle <i>owned by</i> any government or any of its political subdivisions or agencies;</p>	<p>3. UNINSURED MOTOR VEHICLE COVERAGE</p> <p>a. Additional Definitions</p> <p><i>Uninsured Motor Vehicle</i> means a land motor vehicle:</p> <p>...</p> <p>2. the owner and driver of which remain unknown and which causes <i>bodily injury</i> to the <i>insured</i>. If there is no physical contact between that land motor vehicle and the <i>insured</i> or the vehicle the <i>insured</i> is <i>occupying</i>, then the facts of the accident must be corroborated by <u>a disinterested person who witnessed the accident. You, resident relatives, and persons occupying the same vehicle as the insured are not disinterested persons.</u></p> <p>(From 9849B)</p> <p><i>Uninsured Motor Vehicle</i> does not include a land motor vehicle <i>owned by or rented to</i> any government or any of its political subdivisions or agencies;</p>
<p>Nonduplication (From 9849B)</p> <p>The Uninsured Motor Vehicle Coverage limits described under the Limits provision will be reduced by any of the following that apply:</p> <ol style="list-style-type: none"> 1. the amount paid by or on behalf of any <i>person</i> or organization that may be legally responsible for the <i>bodily injury</i> for which payment is made; 2. the amount paid for <i>bodily injury</i> under Liability Coverage of any policy issued by the <i>State Farm Companies</i> to you or any <i>resident relative</i>; or 	<p>Nonduplication</p> <p><u>We will not pay under Uninsured Motor Vehicle Coverage any damages:</u></p> <ol style="list-style-type: none"> 1. that have already been paid to or for the <u><i>insured</i></u>: <ol style="list-style-type: none"> a. by or on behalf of any <i>person</i> or organization who is or may be held legally liable for the <i>bodily injury</i> to the <u><i>insured</i></u>; or b. for <i>bodily injury</i> under Liability Coverage of any policy issued by the <i>State Farm Companies</i> to you or any <i>resident relative</i>; 2. that: <ol style="list-style-type: none"> a. have already been paid; b. could have been paid; or c. could be paid

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>3. the amount paid or payable under any workers' compensation or disability benefits law.</p> <p><u>The Uninsured Motor Vehicle Coverage shall be excess over and shall not pay again any damages that have already been paid as expenses under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.</u></p> <p><u>Exclusions</u></p> <p>THERE IS NO COVERAGE:</p> <p>2. FOR AN <i>INSURED</i> WHO SUSTAINS <i>BODILY INJURY</i> RESULTING FROM THE USE OF A MOTOR VEHICLE <i>OWNED BY YOU</i> OR ANY <i>RESIDENT RELATIVE</i> IF IT IS NOT <i>YOUR CAR</i> OR A <i>NEWLY ACQUIRED CAR</i>. This exclusion does not apply to the first <i>person</i> shown as a named insured on the Declarations Page and that named insured's spouse who resides primarily with that named insured, for <i>bodily injury</i> resulting from the use of a motor vehicle not <i>owned by</i> one or both of them;</p> <p>If Other Uninsured Motor Vehicle Coverage Applies (From 9849B)</p> <p><u>Regardless of the number of policies involved, vehicles involved, <i>persons</i> covered, claims made, vehicles insured, or premiums paid, the limits for Uninsured Motor Vehicle Coverage under this policy may not be added to the limits for similar coverage applying to other motor vehicles to determine the limits of uninsured motor vehicle coverage available for <i>bodily injury</i> suffered by an <i>insured</i> in any one accident.</u></p> <p><u>Subject to the above:</u></p> <p>1. If Uninsured Motor Vehicle Coverage provided by this policy and one or more other <u>vehicle policies issued to you or any <i>resident relative</i> by the <i>State Farm Companies</i> apply to the same <i>bodily injury</i>, then:</u></p> <p>a. <u>the Uninsured Motor Vehicle Coverage limits of such policies will not be added together to determine the most that may be paid; and</u></p> <p>b. <u>the maximum amount that may be paid from all such policies combined is the single highest applicable limit provided by any one of the policies. We may choose one or more policies from which to make payment.</u></p>	<p>to or for the <i>insured</i> under any workers' compensation law, disability benefits law, or similar law; or</p> <p>3. <u>that have already been paid as expenses under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.</u></p> <p><u>Exclusions</u></p> <p>THERE IS NO COVERAGE:</p> <p>2. FOR AN <i>INSURED</i> WHO SUSTAINS <i>BODILY INJURY</i> RESULTING FROM THE USE OF A MOTOR VEHICLE <i>OWNED BY YOU</i> OR ANY <i>RESIDENT RELATIVE</i> IF IT IS NOT <i>YOUR CAR</i>, A <i>NEWLY ACQUIRED CAR</i>, OR A <i>TEMPORARY SUBSTITUTE CAR</i>. This exclusion does not apply to the first <i>person</i> shown as a named insured on the Declarations Page and that named insured's spouse who resides primarily with that named insured, for <i>bodily injury</i> resulting from the use of a motor vehicle not <i>owned by</i> one or both of them;</p> <p>If Other Uninsured Motor Vehicle Coverage Applies</p> <p>1. If Uninsured Motor Vehicle Coverage provided by this policy and;</p> <p>a. <u>if uninsured motor vehicle coverage provided by one or more other sources also apply to the same accident, then the maximum amount that may be paid from all sources combined is the sum of the highest applicable limits corresponding to the three uninsured motor vehicle coverages providing those highest applicable limits; and</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>2. The Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an <i>insured</i> who sustains <i>bodily injury</i> while <i>occupying your car</i></p> <p>a. If:</p> <p>(1) <u>this is the only vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> that provides Uninsured Motor Vehicle Coverage which applies to the accident as primary coverage; and</u></p> <p>(2) <u>uninsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as primary coverage for the same accident,</u></p> <p>then <i>we</i> will pay the proportion of damages payable as primary that <u><i>our</i> applicable limit bears to the sum of <i>our</i> applicable limit and the limits of all other uninsured motor vehicle coverage that apply as primary coverage.</u></p> <p>b. If:</p> <p>(1) <u>more than one vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> provides Uninsured Motor Vehicle Coverage which applies to the accident as primary coverage; and</u></p> <p>(2) <u>uninsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as primary cover-age for the same accident,</u></p> <p>then the <i>State Farm Companies</i> will pay the <u>proportion of damages payable as primary that the maximum amount that may be paid by the <i>State Farm Companies</i> as determined in 1. above bears to the sum of such amount and the limits of all other uninsured motor vehicle coverage that apply as primary coverage.</u></p> <p>3. Except as provided in 2. above, the Uninsured Motor Vehicle Coverage provided by this policy applies as excess coverage</p> <p>a. If:</p> <p>(1) <u>this is the only vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm</i></u></p>	<p>b. <u>if one or more other vehicle policies issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> apply to the same <i>bodily injury</i>, then <i>we</i> may choose one or more of those vehicle policies from which to make payment.</u></p> <p>2. <u>Subject to 1. above, the Uninsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an <i>insured</i> who sustains <i>bodily injury</i> while <i>occupying your car</i>. If Uninsured Motor Vehicle Coverage <u>provided by this policy and uninsured motor vehicle coverage provided by one or more other sources apply as primary coverage for the same accident,</u> then <i>we</i> will pay the proportion of damages that the applicable limit of <u>this policy bears to the sum of <i>the</i> applicable limit of this policy and the limits of all other uninsured motor vehicle coverage that apply as primary coverage.</u></u></p> <p>2. <u>Subject to 1. above and except as provided in 2. above, <i>the</i> Uninsured Motor Vehicle Coverage provided by this policy is excess. If <i>the</i> Uninsured Motor Vehicle Coverage provided by this policy applies as excess and if uninsured motor vehicle coverage provided by one or more sources also apply as excess coverage for the same accident,</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p><i>Companies</i> that provides Uninsured Motor Vehicle Coverage which applies to the accident as excess coverage; and</p> <p>(2) <u>uninsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as excess coverage for the same accident.</u></p> <p>then <i>we</i> will pay the proportion of damages payable as excess that <i>our</i> applicable limit bears to the sum of <i>our</i> applicable limit and the limits of all other uninsured motor vehicle coverage that apply as excess coverage.</p> <p>b. If:</p> <p>(1) <u>more than one vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> provides Uninsured Motor Vehicle Coverage which applies to the accident as excess coverage; and</u></p> <p>(2) <u>uninsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as excess coverage for the same accident.</u></p> <p>then the <i>State Farm Companies</i> will pay the proportion of damages payable as excess that the maximum amount that may be paid by the <i>State Farm Companies</i> as determined in 1. above bears to the sum of such amount and the limits of all other uninsured motor vehicle coverage that apply as excess coverage.</p>	<p>3. then <i>we</i> will pay the proportion of damages that the applicable limit of this policy bears to the sum of the applicable limit of this policy and the limits of all other uninsured motor vehicle coverage that apply as excess coverage.</p>
<p>4. UNDERINSURED MOTOR VEHICLE COVERAGE</p> <p>a. Additional Definitions</p> <p><i>Underinsured Motor Vehicle</i> means a land motor vehicle:</p> <ol style="list-style-type: none"> 1. the ownership, maintenance, or use of which is either: <ol style="list-style-type: none"> a. insured or bonded for bodily injury liability at the time of the accident; or b. self-insured under any motor vehicle financial responsibility law, any motor carrier law, or any similar law; and 2. for which the total limits of insurance and self-insurance for bodily injury liability from all sources: <ol style="list-style-type: none"> a. <u>are less than the Underinsured Motor Vehicle Coverage limits of this policy; or</u> b. <u>have been reduced by payments to <i>persons</i> other than <i>you</i> and <i>resident relatives</i> to less than the Underinsured Motor Vehicle Coverage limits of this policy.</u> 	<p>4. UNDERINSURED MOTOR VEHICLE COVERAGE</p> <p>a. Additional Definitions</p> <p><i>Underinsured Motor Vehicle</i> means a land motor vehicle:</p> <ol style="list-style-type: none"> 1. the ownership, maintenance, or use of which is either: <ol style="list-style-type: none"> a. insured or bonded for bodily injury liability at the time of the accident; or b. self-insured under any motor vehicle financial responsibility law, any motor carrier law, or any similar law; and 2. for which the total limits of insurance and self-insurance for bodily injury liability from all sources are less than <u>the compensatory damages for <i>bodily injury</i> which the <i>insured</i> is legally entitled to recover.</u>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>Limits</p> <p>1. The Underinsured Motor Vehicle Coverage limits are shown on the Declarations Page under “Underinsured Motor Vehicle Coverage – Bodily Injury Limits – Each Person, Each Accident”.</p> <p>a. The most <i>we</i> will pay for all damages resulting from <i>bodily injury</i> to any one <i>insured</i> injured in any one accident, including all damages sustained by other <i>insureds</i> as a result of that <i>bodily injury</i>, is the lesser of:</p> <p>(1) <u>the limit shown under “Each Person” reduced by the sum of all payments for damages resulting from that <i>bodily injury</i> made by or on behalf of any <i>person</i> or organization who is or may be held legally liable for that <i>bodily injury</i>; or</u></p> <p>(2) <u>the amount of all damages resulting from that <i>bodily injury</i> reduced by the sum of all payments for damages resulting from that <i>bodily injury</i> made by or on behalf of any <i>person</i> or organization who is or may be held legally liable for that <i>bodily injury</i>.</u></p> <p>b. Subject to a. above, <u>the most <i>we</i> will pay for all damages resulting from <i>bodily injury</i> to two or more <i>insureds</i> injured in the same accident is the limit shown under “Each Accident” reduced by the sum of all payments for <i>bodily injury</i> made to all <i>insureds</i> by or on behalf of any <i>person</i> or organization who is or may be held legally liable for the <i>bodily injury</i>.</u></p> <p>2. These Underinsured Motor Vehicle Coverage limits are the most <i>we</i> will pay regard-less of the number of:</p> <p>a. <i>insureds</i>;</p> <p>b. claims made;</p> <p>c. vehicles insured; or</p> <p>d. vehicles involved in the accident.</p> <p>Nonduplication</p> <p><u>The Underinsured Motor Vehicle Coverage limits described under the Limits provision will be reduced by any of the following that apply:</u></p> <p>1. <u>the amount paid by or on behalf of any <i>person</i> or organization that may be legally responsible for the <i>bodily injury</i> for which payment is made;</u></p> <p>2. <u>the amount paid for <i>bodily injury</i> under Liability Coverage of any policy issued by the <i>State Farm Companies</i> to you or any <i>resident relative</i>; or</u></p>	<p>Limits</p> <p>The Underinsured Motor Vehicle Coverage limits are shown on the Declarations Page under “Underinsured Motor Vehicle Coverage – Bodily Injury Limits – Each Person, Each Accident”.</p> <p>The limit shown under “Each Person” is the most <i>we</i> will pay for all damages resulting from <i>bodily injury</i> to any one <i>insured</i> injured in any one accident, including all damages sustained by other <i>insureds</i> as a result of that <i>bodily injury</i>. The limit shown under “Each Accident” is the most <i>we</i> will pay, subject to the limit for “Each Person”, for all damages resulting from <i>bodily injury</i> to two or more <i>insureds</i> injured in the same accident.</p> <p>These Underinsured Motor Vehicle Coverage limits are the most <i>we</i> will pay regardless of the number of:</p> <p>1. <i>insureds</i>;</p> <p>2. claims made;</p> <p>3. vehicles insured; or</p> <p>4. vehicles involved in the accident.</p> <p>Nonduplication</p> <p><u>We will not pay under Underinsured Motor Vehicle Coverage any damages:</u></p> <p>1. <u>that have already been paid to or for the <i>insured</i>:</u></p> <p>a. <u>by or on behalf of any <i>person</i> or organization who is or may be held legally liable for the <i>bodily injury</i> to the <i>insured</i>; or</u></p> <p>b. <u>for <i>bodily injury</i> under Liability Coverage of any policy issued by the <i>State Farm Companies</i> to you or any</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>3. the amount paid or payable under any workers' compensation or disability benefits law.</p> <p>The Underinsured Motor Vehicle Coverage shall be excess over and shall not pay again any damages that have already been paid as expenses under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.</p> <p>d. Exclusions</p> <p>THERE IS NO COVERAGE:</p> <p>2. FOR AN INSURED WHO SUSTAINS BODILY INJURY RESULTING FROM THE USE OF A MOTOR VEHICLE OWNED BY YOU OR ANY RESIDENT RELATIVE IF IT IS NOT YOUR CAR OR A NEWLY ACQUIRED CAR. This exclusion does not apply to the first person shown as a named insured on the Declarations Page and that named insured's spouse who resides primarily with that named insured, for bodily injury resulting from the use of a motor vehicle not owned by one or both of them</p> <p>If Other Underinsured Motor Vehicle Coverage Applies</p> <p>Regardless of the number of policies involved, vehicles involved, persons covered, claims made, vehicles insured, or premiums paid, the limits for Underinsured Motor Vehicle Coverage under this policy may not be added to the limits for similar coverage applying to other motor vehicles to determine the limits of underinsured motor vehicle coverage available for bodily injury suffered by an insured in any one accident.</p> <p><u>Subject to the above:</u></p> <p>1. If Underinsured Motor Vehicle Coverage provided by this policy and one or more other vehicle policies issued to you or any resident relative by the State Farm Companies apply to the same bodily injury, then:</p> <p>a. <u>the Underinsured Motor Vehicle Coverage limits of such policies will not be added together to determine the most that may be paid; and</u></p> <p>b. <u>the maximum amount that may be paid from all such policies combined is the single highest</u></p>	<p><u>resident relative;</u></p> <p>2. <u>that:</u></p> <p>a. <u>have already been paid;</u></p> <p>b. <u>could have been paid; or</u></p> <p>c. <u>could be paid</u></p> <p>to or for the insured under any workers' compensation law, disability benefits law, or similar law; or</p> <p>3. <u>that have already been paid as expenses</u> under Medical Payments Coverage of this policy, the medical payments coverage of any other policy, or other similar vehicle insurance.</p> <p>d. Exclusions</p> <p>THERE IS NO COVERAGE:</p> <p>2. FOR AN INSURED WHO SUSTAINS BODILY INJURY RESULTING FROM THE USE OF A MOTOR VEHICLE OWNED BY YOU OR ANY RESIDENT RELATIVE IF IT IS NOT YOUR CAR, A NEWLY ACQUIRED CAR, OR A TEMPORARY SUBSTITUTE CAR. This exclusion does not apply to the first person shown as a named insured on the Declarations Page and that named insured's spouse who resides primarily with that named insured, for bodily injury resulting from the use of a motor vehicle not owned by one or both of them;</p> <p>If Other Underinsured Motor Vehicle Coverage Applies</p> <p>1. <u>If Underinsured Motor Vehicle Coverage provided by this policy and;</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>applicable limit provided by any one of the policies. <i>We</i> may choose one or more policies from which to make payment.</p> <p>2. The Underinsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an <i>insured</i> who sustains <i>bodily injury</i> while <i>occupying your car</i>.</p> <p>a. If:</p> <p>(1) <u>this is the only vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> that provides Underinsured Motor Vehicle Coverage which applies to the accident as primary coverage; and</u></p> <p>(2) <u>underinsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as primary coverage for the same accident,</u></p> <p>then <i>we</i> will pay the proportion of damages payable as primary that <u><i>our</i></u> applicable limit bears to the sum of <u><i>our</i></u> applicable limit and the limits of all other underinsured motor vehicle coverage that apply as primary coverage.</p> <p>b. If:</p> <p>(1) <u>more than one vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> provides Underinsured Motor Vehicle Coverage which applies to the accident as primary coverage; and</u></p> <p>(2) <u>underinsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as primary coverage for the same accident,</u></p> <p><u>then the <i>State Farm Companies</i> will pay the</u></p>	<p>a. <u>if underinsured motor vehicle coverage provided by one or more other sources also apply to the same accident, then the maximum amount that may be paid from all sources combined is the sum of the highest applicable limits corresponding to the three underinsured motor vehicle coverages providing those highest applicable limits; and</u></p> <p>b. <u>if one or more other vehicle policies issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> apply to the same <i>bodily injury</i>, then <i>we</i> may choose one or more of those vehicle policies from which to make payment.</u></p> <p>2. <u>Subject to 1. above, the Underinsured Motor Vehicle Coverage provided by this policy applies as primary coverage for an <i>insured</i> who sustains <i>bodily injury</i> while <i>occupying your car</i>. If Underinsured Motor Vehicle Coverage provided by this policy and underinsured motor vehicle coverage provided by one or more other sources apply as primary coverage for the same accident, then <i>we</i> will pay the proportion of damages that the applicable limit of this policy bears to the sum of the applicable limit of this policy and the limits of all other underinsured motor vehicle coverage that apply as primary coverage.</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p><u>proportion of damages payable as primary that the maximum amount that may be paid by the <i>State Farm Companies</i> as determined in 1. above bears to the sum of such amount and the limits of all other underinsured motor vehicle coverage that apply as primary coverage.</u></p> <p>3. Except as provided in 2. above, the Underinsured Motor Vehicle Coverage provided by this policy <u>applies as excess coverage.</u></p> <p>a. If:</p> <p>(1) <u>this is the only vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> that provides Underinsured Motor Vehicle Coverage which applies to the accident as excess coverage; and</u></p> <p>(2) <u>underinsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as excess coverage for the same accident,</u></p> <p>then <i>we</i> will pay the proportion of damages payable as excess that <u><i>our</i> applicable limit bears to the sum of <i>our</i> applicable limit and the limits of all other underinsured motor vehicle coverage that apply as excess coverage.</u></p> <p>b. If:</p> <p>(1) <u>more than one vehicle policy issued to <i>you</i> or any <i>resident relative</i> by the <i>State Farm Companies</i> provides Underinsured Motor Vehicle Coverage which applies to the accident as excess coverage; and</u></p> <p>(2) <u>underinsured motor vehicle coverage provided by one or more sources other than the <i>State Farm Companies</i> also applies as excess coverage for the same accident</u></p> <p><u>then the <i>State Farm Companies</i> will pay the proportion of damages payable as excess that the maximum amount that may be paid by the <i>State Farm Companies</i> as determined in 1. above bears to the sum of such amount and the limits of all other underinsured motor vehicle coverage that apply as ex-cess coverage. Our Payment Options</u></p> <p><u>We may, at <i>our</i> option, make payment to one or more of the following:</u></p> <ol style="list-style-type: none"> <u>1. The <i>insured</i>;</u> <u>2. The <i>insured's</i> surviving spouse;</u> <u>3. A parent or guardian of the <i>insured</i>, if the <i>insured</i> is a minor or an incompetent <i>person</i>; or</u> <u>4. A <i>person</i> authorized by law to receive such payment.</u> 	<p>3. <u>Subject to 1. above and except as provided in 2. above, the Underinsured Motor Vehicle Coverage provided by this policy is excess. If the Underinsured Motor Vehicle Coverage provided by this policy applies as excess and if underinsured motor vehicle coverage provided by one or more sources also apply as excess coverage for the same accident, then <i>we</i> will pay the proportion of damages that the applicable limit of this policy bears to the sum of the applicable limit of this policy and the limits of all other underinsured motor vehicle coverage that apply as excess coverage.</u></p>

Proposed 6949B.2 and 9849B	Current 6949B.1 and 9849B
<p>INSUREDS DUTIES</p> <p>Other Duties Under Medical Payments Coverage, Uninsured Motor Vehicle Coverage, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, <u>or</u> Loss of Earnings Coverage:</p> <p>A <i>person</i> making a claim under Uninsured Motor Vehicle Coverage, <u>or someone on behalf of that <i>person</i></u>, must report an accident involving a motor vehicle whose owner and driver remain unknown to the police, <u>peace officer, judicial officer, or department of transportation</u> within <u>72</u> hours and to <i>us</i> within 30 days;</p>	<p>INSUREDS DUTIES</p> <p>Other Duties Under Medical Payments Coverage, Uninsured Motor Vehicle Coverage, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, <u>and</u> Loss of Earnings Coverage</p> <p>A <i>person</i> making a claim under Uninsured Motor Vehicle Coverage must report an accident, involving a motor vehicle whose owner and driver remain unknown, to the police within <u>24</u> hours and to <i>us</i> within 30 days;</p>



6949B.2 AMENDATORY ENDORSEMENT

This endorsement is a part of the policy. Except for the changes this endorsement makes, all other provisions of the policy remain the same and apply to this endorsement.

1. THIS POLICY

Item 6. is changed to read:

Your purchase of this policy may allow:

- a. *you* to purchase or obtain certain coverages, coverage options, coverage deductibles, coverage limits, or coverage terms on other products from the **State Farm Companies**, subject to their applicable eligibility rules; or
- b. the premium or price for other products or services purchased by *you*, including non-insurance products or services, to vary. Such other products or services must be provided by the **State Farm Companies** or by an organization that has entered into an agreement or contract with the **State Farm Companies**. The **State Farm Companies** do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization.

2. LIABILITY COVERAGE

- a. **Insuring Agreement** and **Supplementary Payments** are replaced by the following:

Insuring Agreement

1. *We* will pay damages an *insured* becomes legally liable to pay because of:
 - a. **bodily injury** to others; and
 - b. damage to propertycaused by an accident that involves a vehicle for which that

insured is provided Liability Coverage by this policy.

2. *We* have the right to:
 - a. investigate, negotiate, and settle any claim or lawsuit;
 - b. defend an *insured* in any claim or lawsuit, with attorneys chosen by *us*; and
 - c. appeal any award or legal decision

for damages payable under this policy's Liability Coverage.

Supplementary Payments

We will pay, in addition to the damages described in the **Insuring Agreement** of this policy's Liability Coverage, those items listed below that result from such accident:

1. Attorney fees for attorneys chosen by *us* to defend an *insured* who is sued for such damages. ***We have no duty to pay attorney fees incurred after we deposit in court or pay the amount due under the Insuring Agreement of this policy's Liability Coverage;***
2. Court costs awarded by the court against an *insured* and resulting from that part of the lawsuit:
 - a. that seeks damages payable under this policy's Liability Coverage; and
 - b. against which *we* defend an *insured* with attorneys chosen by *us*.

We have no duty to pay court costs incurred after we deposit in court or pay the amount due under the Insuring Agreement of this policy's Liability Coverage;

3. Interest the *insured* is legally liable to pay on damages payable under the **Insuring Agreement** of this policy's Liability Coverage:
 - a. before a judgment, but only the interest on the lesser of:
 - (1) that part of the damages *we* pay; or
 - (2) this policy's applicable Liability Coverage limit; and
 - b. after a judgment.

We have no duty to pay interest that accrues after we deposit in court, pay, or offer to pay, the amount due under the Insuring Agreement of this policy's Liability Coverage. We also have no duty to pay interest that accrues on any damages paid or payable by a party other than the *insured* or *us*;

4. Premiums for bonds, provided by a company chosen by *us*, required to appeal a decision in a lawsuit against an *insured*. **We have no duty to:**
 - a. pay for any bond with a face amount that exceeds this policy's applicable Liability Coverage limit;
 - b. furnish or apply for any bonds; or
 - c. pay premiums for bonds purchased after *we* deposit in court, pay, or offer to

pay, the amount due under the **Insuring Agreement** of this policy's Liability Coverage; and

5. The following costs and expenses if related to and incurred after a lawsuit has been filed against an *insured*:
 - a. Loss of wages or salary, but not other income, up to \$200 for each day an *insured* attends, at *our* request:
 - (1) an arbitration;
 - (2) a mediation; or
 - (3) a trial of a lawsuit; and
 - b. Reasonable expenses incurred by an *insured* at *our* request other than loss of wages, salary, or other income.

The amount of any of the costs or expenses listed above that are incurred by an *insured* must be reported to *us* before *we* will pay such incurred costs or expenses.

b. Exclusions

The exception to exclusion 10. is changed to read:

This exclusion does not apply to damage to a:

- a. motor vehicle *owned by* the employer of *you* or any *resident relative* if such damage is caused by an *insured* while operating another motor vehicle;
- b. residence while rented to or leased to an *insured*; or
- c. private garage while rented to or leased to an *insured*;

3. MEDICAL PAYMENTS COVERAGE

Exclusions

The exception to exclusion 5. is changed to read:

This exclusion does not apply to:

- a. *you*;
- b. any *resident relative*; or
- c. any agent, employee, or business partner of a. or b. above

while maintaining or using *your car*, a *newly acquired car*, a *temporary substitute car*, or a *trailer owned by you*;

4. UNINSURED MOTOR VEHICLE COVERAGE

a. Additional Definitions

(1) “*Uninsured Motor Vehicle* means a land motor vehicle:” is changed to read:

1. the ownership, maintenance, or use of which is:
 - a. not insured or bonded for bodily injury liability at the time of the accident; or
 - b. insured or bonded for bodily injury liability at the time of the accident; but
 - (1) the limits are less than required by the Wisconsin Financial Responsibility Act; or
 - (2) the insuring company denies that its policy provides liability coverage for compensatory damages that result

from the accident;
or

(3) the insuring company or the self insurer is declared insolvent by a court of competent jurisdiction; or

2. the owner and driver of which remain unknown and which causes *bodily injury* to the *insured*. If there is no physical contact between that land motor vehicle and the *insured* or the vehicle the *insured* is *occupying*, then the facts of the accident must be corroborated by competent evidence provided by someone other than either that *insured* or any other *person* who makes a claim under this coverage as a result of the accident.

(2) Item 4. under “*Uninsured Motor Vehicle* does not include a land motor vehicle” is changed to read:

Uninsured Motor Vehicle does not include a land motor vehicle *owned by* any government or any of its political subdivisions or agencies;

5. INSUREDS DUTIES

Paragraph b. of 6. **Other Duties Under Medical Payments Coverage, Uninsured Motor Vehicle Coverage, Underinsured Motor Vehicle Coverage, Death, Dismemberment and Loss of Sight Coverage, and Loss of Earnings Coverage** is changed to read:

A *person* making a claim under Uninsured Motor Vehicle Coverage, or someone on behalf of that *person*, must report an accident involving a motor vehicle whose owner and driver remain unknown to the police, peace officer, judicial officer, or department of transportation within 72 hours and to *us* within 30 days;

6. GENERAL TERMS

- a. The following is added to **Where Coverage Applies**:

Death, Dismemberment and Loss of Sight Coverage and Loss of Earnings Coverage apply anywhere in the world.

- b. The following is added:

Limited Coverage in Mexico

This policy does not provide Mexican auto insurance and does not comply with Mexican auto insurance requirements. If *you* or any other *insured* plan to drive in Mexico, then auto insurance providing coverage in Mexico should be purchased from a Mexican insurance company.

Subject to the above paragraph, the following coverages apply in Mexico, but only for accidents and *losses* that occur in Mexico within 50 miles of the United States of America border and only for *insureds* as defined under each of the following coverages:

- a. **Liability Coverage**

For claims brought against an *insured* in Mexico, the **Supplementary Payments** provision of this policy's Liability Coverage is changed to read:

We may, in addition to the damages described in item 1. of

the **Insuring Agreement** of this policy's Liability Coverage, pay or reimburse, at our option, reasonable attorney fees for an attorney licensed in Mexico to appear for and provide advice to *insureds* as defined under this policy's Liability Coverage. The amount of such attorney fees incurred by an *insured* must be reported to *us* before *we* will make payment.

- b. **Medical Payments Coverage**

- c. **Physical Damage Coverages**

Any amount payable for the repair or replacement of the *covered vehicle* under the **Limits and Loss Settlement – Comprehensive Coverage and Collision Coverage** provision of this policy will be limited to the cost to repair or replace the *covered vehicle* in the United States of America.

WE HAVE NO DUTY TO PROVIDE A DEFENSE FOR YOU OR ANY OTHER INSURED IN ANY CRIMINAL, CIVIL, OR OTHER ACTION.

WE HAVE NO DUTY TO PAY ANY CLAIM OR COST THAT WOULD NOT BE PAYABLE UNDER THIS POLICY IF THE ACCIDENT OR LOSS HAD OCCURRED IN THE STATE OF WISCONSIN IN THE UNITED STATES OF AMERICA.

All other policy provisions not in conflict with the provisions in this **Limited Coverage in Mexico** provision of this policy apply.

If Other Coverage Applies

Any coverage provided by this **Limited Coverage in Mexico** provision

is excess over any other applicable insurance.

Legal Action Against Us

Any legal action against *us* arising out of an accident or *loss* occurring in Mexico must be brought in a court that has jurisdiction in the state of Wisconsin in the United States of America.

c. Paragraph c. of 5. **Premium** is changed to read:

c. The premium for this policy may vary based upon:

- (1) the purchase of other products or services from the *State Farm Companies*;
- (2) the purchase of products or services from an organization that has entered into an agreement or contract with the *State Farm Companies*. The *State Farm Companies* do not warrant the merchantability, fitness, or quality of any product or service offered or provided by that organization; or
- (3) an agreement, concerning the insurance provided by this policy, that the *State*

Farm Companies has with an organization of which *you* are a member, employee, subscriber, licensee, or franchisee.

d. 7. **Nonrenewal** is changed to read:

7. **Nonrenewal**

If *we* decide not to renew this policy, then, at least 60 days before the end of the current policy period, *we* will mail or deliver a nonrenewal notice to the most recent policy address that *we* have on record for the named insured who is shown on the Declarations Page.

e. The first paragraph of b. **How and When We May Cancel** of 8. **Cancellation** is changed to read:

We may cancel this policy by mailing or delivering a written notice to the most recent policy address that *we* have on record for the named insured who is shown on the Declarations Page. The notice will provide the date cancellation is effective. The date cancellation is effective will be at least 10 days after the date *we* mail or deliver the cancellation notice.

SERFF Tracking Number: SFMA-127312073 *State:* Wisconsin
First Filing Company: State Farm Fire and Casualty Company, ... *State Tracking Number:*
Company Tracking Number: PV-27969
TOI: 19.0 Personal Auto *Sub-TOI:* 19.0001 Private Passenger Auto (PPA)
Product Name: PV-27969
Project Name/Number: PV-27969/PV-27969

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SFMA-127312073 State: Wisconsin
 First Filing Company: State Farm Fire and Casualty Company, ... State Tracking Number:
 Company Tracking Number: PV-27969
 TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)
 Product Name: PV-27969
 Project Name/Number: PV-27969/PV-27969

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance and Readability	Filed	07/20/2011

Comments:

Attachments:

WI 27969 Appendix A - Certif of Compliance (For Forms Filings) M.pdf
 WI 27969 Appendix A - Certif of Compliance (For Forms Filings) F.pdf

		Item Status:	Status Date:
Bypassed - Item:	Appraisal or Arbitration Provision	Filed	07/20/2011
Bypass Reason:	Not Applicable		

Comments:

CERTIFICATE OF COMPLIANCE AND READABILITY

I, Thomas W. Monson (name), an officer of State Farm Mutual Automobile Insurance Company (company name), hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing comply(ies) with all applicable provisions of the Wisconsin Statutes and with all applicable administrative rules of the Commissioner of Insurance.
2. The form(s) does (do) not contain any inconsistent, ambiguous, or misleading clauses.
3. The form(s) does (do) not contain specification or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s).
4. The only variations from a form currently on file with the commissioner of insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on pages _____ of the attached form(s) or in an attachment.
5. The attached form(s) is (are) in final printed format or typed facsimile and is (are) as will be offered for issuance or delivery in Wisconsin after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.
6. If this form is a consumer insurance policy, the text of the form(s) meet(s) the minimum reading ease score or, if authorized by the commissioner, the score is lower than the minimum required by s. Ins 6.07(4)(a)1., Wis. Adm. Code. Product used to determine the Flesch score: 42.8

I understand that the commissioner of insurance will rely on this certification regarding the forms filed, and should it be determined that the policy form(s) does(do) not comply with the applicable laws, regulations, filing requirements and product standards or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the commissioner against the company and the officer completing this certification.

Thomas W. Monson

(Signature)

Forms Director and Assistant Secretary-Treasurer
(Title)

July 8, 2011
(Date)

Individual responsible for this filing:

Name: Bill Roth Title: Forms Director and Assistant Secretary-Treasurer

Address: One State Farm Plaza, D-4, Bloomington, IL 61710-9972

Phone Number: (309) 766-8704 Date: July 8, 2011

CERTIFICATE OF COMPLIANCE AND READABILITY

I, Thomas W. Monson (name), an officer of State Farm Fire and Casualty Company (company name), hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing comply(ies) with all applicable provisions of the Wisconsin Statutes and with all applicable administrative rules of the Commissioner of Insurance.
2. The form(s) does (do) not contain any inconsistent, ambiguous, or misleading clauses.
3. The form(s) does (do) not contain specification or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s).
4. The only variations from a form currently on file with the commissioner of insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on pages _____ of the attached form(s) or in an attachment.
5. The attached form(s) is (are) in final printed format or typed facsimile and is (are) as will be offered for issuance or delivery in Wisconsin after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.
6. If this form is a consumer insurance policy, the text of the form(s) meet(s) the minimum reading ease score or, if authorized by the commissioner, the score is lower than the minimum required by s. Ins 6.07(4)(a)1., Wis. Adm. Code. Product used to determine the Flesch score: 42.8

I understand that the commissioner of insurance will rely on this certification regarding the forms filed, and should it be determined that the policy form(s) does(do) not comply with the applicable laws, regulations, filing requirements and product standards or that this certification is materially false or incorrect, appropriate corrective and disciplinary action, including retroactive disapproval, as authorized by law, may be taken by the commissioner against the company and the officer completing this certification.



(Signature)

Forms Director and Assistant Secretary-Treasurer

(Title)

July 8, 2011

(Date)

Individual responsible for this filing:

Name: Bill Roth Title: Forms Director and Assistant Secretary-Treasurer

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Phone Number: (309) 766-8704 Date: July 8, 2011