

STATE OF SOUTH CAROLINA	)	
COURT OF APPEALS	)	IN THE COURT OF APPEALS
	)	NINTH JUDICIAL CIRCUIT
JOE CLEMONS	)	Case No. 2024-000691
Appellant,	)	
vs.	)	
	)	AMENDMENT TO SUBMIT
PEGGY H. PINNELL, AGENCY, INC.,	)	NEWLY DISCOVERED DOCUMENTS
PEGGY H. PINNELL, INSURANCE	)	
AGENCY, INC., STATE FARM LIFE	)	
INSURANCE COMPANY, (jointly and	)	
severally liable),	)	
Respondents.	)	
_____	)	

**RECEIVED**  
**Sep 23 2024**  
**SC Court of Appeals**

This is an amendment to add newly found document to this case that I have against state farm that have been about the forgery of my name on the waiver of premium amendment document, which shows that I signed the amended document stating that I did not want the waiver of premium rider benefits. But I just discovered that there are documents that Peggy Pinnell and I (Joe Clemons) signed the very day that the policy was written, which show and proves that I could not and had no reason to sign an amendment which would state “Issue without waiver of premium benefit rider.” Because this hole case is about my name being signed on that “AMENDMENT OF APPLICATION” document which I did not sign and it even does not have my signature, that is why this case is about forgery and the forging of my name. I’m sending these documents that we (that being Peggy Pinnell

and Joe Clemons) signed which make everything crystal clear as I have been stating from the very out set of this case. Please see the attachments below and pictures attached to this email. The attachments will prove that State Farm's claim that I did not want the waiver of premium is inaccurate. I hope that this court will consider all these newly found proof which validates everything I have been stating since the beginning.

Respectfully,

Joe Clemons

By: Joe Clemons

Pro Se Litigant

E-Mail: [clemonswelding1@gmail.com](mailto:clemonswelding1@gmail.com) & [sheliaclemons@ymail.com](mailto:sheliaclemons@ymail.com)

2202 Addidas St.

Eutawville, SC 29048

(843) 753-7007

Eutawville, South Carolina

September 14, 2024.



# Life Insurance Illustration

<b>Plan:</b>	15 Pay Life	<b>Date:</b>	May 21, 2010
<b>Insured:</b>	Clemons, Joe	<b>Prepared by:</b>	PEGGY HILL PINNELL
<b>Premium Class:</b>	Male, Age 50 Non-Tobacco	<b>Agency:</b>	STATE FARM 313 N HWY 52 MONCKS CORNER, SC 29461
<b>Initial Death Benefit:</b>	\$250,000	<b>License No:</b>	410721281
<b>Premium Mode:</b>	Annual	<b>Phone No:</b>	(843)761-8160
<b>Dividend Option:</b>	Paid-Up Additions	<b>Fax No:</b>	(843)761-7348

*This illustration was produced to be used in South Carolina.*

## Summary of Illustrated Coverages and Premium

		<b>Annual Initial Premium:</b>
<b>Benefits and Riders:</b>	\$250,000 15 Pay Life	\$9,735.00
	Waiver of Premium for Disability	\$412.50
<b>Total Initial Premium:</b>		\$10,147.50

## Description of Coverage

<b>Plan</b>	15 Pay Life (Form Number 07002 - 40) is a whole life insurance policy with premiums payable for 15 years. This policy is participating and is eligible to receive dividends.
<b>Waiver of Premium for Disability</b>	This rider (Form Number 07200 - 40) provides for the waiver of all future policy premiums as they become due, so long as the Insured is totally disabled as defined in the policy.

## Definitions

<b>Non-Tobacco</b>	Available for those who do not currently use tobacco or other nicotine products and have not used tobacco or other nicotine products within the 12-month period prior to application.
<b>Annualized Contract Premium</b>	The premium that is due each policy year, given the premium mode selected. This amount must be paid to keep the policy in force based on policy guarantees.
<b>Guaranteed Cash Value</b>	The amount of cash value guaranteed in the policy.
<b>Guaranteed Death Benefit</b>	The guaranteed death benefit payable upon the Insured's death.
<b>Non-Guaranteed Intermediate Values</b>	Figures include dividends which are illustrated according to one half the current scale and are not guaranteed. Dividends are based upon the mortality, expense, and investment experience of the Company. Actual dividends may be more or less than those illustrated. Beginning at the end of year 10 the CASH SURRENDER VALUE and TOTAL DEATH BENEFIT columns include a DMS dividend. This dividend is available at death, maturity, or surrender of the policy. The intermediate values are not guaranteed. They demonstrate the impact of changes in Company experience.



# Life Insurance Illustration

<b>Plan:</b>	15 Pay Life	<b>Initial Death Benefit:</b>	\$250,000
<b>Insured:</b>	Clemons, Joe	<b>Premium Mode:</b>	Annual
<b>Premium Class:</b>	Male, Age 50 Non-Tobacco	<b>Dividend Option:</b>	Paid-Up Additions

## Definitions

<b>Non-Guaranteed Illustrated Values</b>	Figures include dividends which are illustrated according to the current scale and are not guaranteed. Dividends are based upon the mortality, expense, and investment experience of the Company. Actual dividends may be more or less than those illustrated. Beginning at the end of year 10 the CASH SURRENDER VALUE and TOTAL DEATH BENEFIT columns include a DMS dividend. This dividend is available at death, maturity, or surrender of the policy. The illustrated values are not guaranteed.
<b>Annualized Premium Outlay</b>	The actual cash outlay each year.
<b>Total Annualized Premium Outlay</b>	The sum of each year's Annualized Premium Outlay.
<b>Annual Dividend</b>	A dividend is a return of premium and is based on the actual mortality, expense, and investment experience of the Company. Actual dividends may be more or less than those illustrated. Dividends are not guaranteed.
<b>Cash Surrender Value</b>	The sum of the guaranteed cash value, the cash value of paid-up additions purchased with dividends earned on the policy and DMS that is payable if the policy is surrendered. This amount is not guaranteed.
<b>Paid-up Additions</b>	Additional paid-up insurance purchased with dividends earned on the policy. This increases the total death benefit payable upon the Insured's death. Paid-up additions are eligible to receive dividends. This amount is not guaranteed.
<b>Total Paid-up Additions</b>	The total paid-up insurance purchased with dividends earned on the policy. This amount is not guaranteed.
<b>DMS</b>	Beginning at the end of the 10th policy year, DMS is a dividend payable upon death, maturity, or surrender of the policy. This amount is not guaranteed.
<b>Total Death Benefit</b>	The sum of the guaranteed death benefit, the death benefit of paid-up additions and DMS that is payable upon the Insured's death. This amount is not guaranteed.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown. The assumptions on which they are based are subject to change by the Company. Cash values and death benefits shown are end of year values. Premiums are assumed to be paid when due. This illustration contains a general description of coverage. A complete statement of coverage is found in the policy.

Not FDIC Insured	- No Bank Guarantee - May Lose Value
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# Life Insurance Illustration

<b>Plan:</b>	15 Pay Life	<b>Initial Death Benefit:</b>	\$250,000
<b>Insured:</b>	Clemons, Joe	<b>Premium Mode:</b>	Annual
<b>Premium Class:</b>	Male, Age 50 Non-Tobacco	<b>Dividend Option:</b>	Paid-Up Additions

## Guaranteed and Non-Guaranteed Values

End of Year	Age	Guaranteed Values			Non-Guaranteed Illustrated Values					
		Annualized Contract Premium	Guaranteed Cash Value	Guaranteed Death Benefit	Annualized Premium Outlay	Total Annualized Premium Outlay	Annual Dividend	Cash Surrender Value	Total Paid-up Additions	Total Death Benefit
1	51	10,148	0	250,000	10,148	10,148	0	0	0	250,000
2	52	10,148	3,735	250,000	10,148	20,296	2,102	5,837	5,546	255,546
3	53	10,148	12,232	250,000	10,148	30,444	2,221	16,623	11,223	261,223
4	54	10,148	20,990	250,000	10,148	40,592	2,335	27,857	17,008	267,008
5	55	10,148	30,002	250,000	10,148	50,740	2,464	39,548	22,926	272,926
6	56	10,148	39,277	250,000	10,148	60,888	2,607	51,723	29,002	279,002
7	57	10,148	48,827	250,000	10,148	71,036	2,730	64,380	35,177	285,177
8	58	10,148	58,695	250,000	10,148	81,184	2,874	77,586	41,489	291,489
9	59	10,148	68,907	250,000	10,148	91,332	3,015	91,372	47,923	297,923
10	60	10,148	79,477	250,000	10,148	101,480	3,158	109,731	54,468	308,442
11	61	9,735	90,407	250,000	9,735	111,215	3,329	125,291	61,176	315,696
12	62	9,735	101,705	250,000	9,735	120,950	3,520	141,527	68,075	323,160
13	63	9,735	113,385	250,000	9,735	130,685	3,718	158,461	75,168	330,837
14	64	9,735	125,489	250,000	9,735	140,420	3,926	176,149	82,463	338,737
15	65	9,735	138,072	250,000	9,735	150,155	4,134	194,654	89,949	346,853
16	66	0	141,592	250,000	0	150,155	2,290	201,907	93,993	351,073
17	67	0	145,140	250,000	0	150,155	2,678	209,644	98,607	355,864
18	68	0	148,717	250,000	0	150,155	3,073	217,884	103,773	361,209
19	69	0	152,332	250,000	0	150,155	3,481	226,663	109,487	367,104
20	70	0	155,979	250,000	0	150,155	3,896	235,986	115,733	373,532
21	71	0	159,649	250,000	0	150,155	4,375	245,913	122,585	380,567
22	72	0	163,312	250,000	0	150,155	4,685	256,242	129,758	387,924
23	73	0	166,945	250,000	0	150,155	5,022	266,964	137,279	395,626
24	74	0	170,554	250,000	0	150,155	5,386	278,123	145,175	403,703
25	75	0	174,145	250,000	0	150,155	5,760	289,739	153,445	412,152
26	76	0	177,714	250,000	0	150,155	6,084	301,762	162,004	420,890
27	77	0	181,252	250,000	0	150,155	6,420	314,190	170,860	429,923
28	78	0	184,729	250,000	0	150,155	6,778	326,995	180,034	439,270
29	79	0	188,125	250,000	0	150,155	7,157	340,163	189,545	448,951
30	80	0	191,425	250,000	0	150,155	7,556	353,687	199,413	458,984
31	81	0	194,610	250,000	0	150,155	7,969	367,542	209,651	469,382
32	82	0	197,684	250,000	0	150,155	8,391	381,739	220,263	480,147
33	83	0	200,654	250,000	0	150,155	8,814	396,289	231,245	491,278
34	84	0	203,522	250,000	0	150,155	9,253	411,206	242,612	502,788
35	85	0	206,270	250,000	0	150,155	9,709	426,468	254,380	514,694
36	86	0	208,877	250,000	0	150,155	10,175	442,033	266,559	527,003
37	87	0	211,330	250,000	0	150,155	10,653	457,877	279,162	539,728
38	88	0	213,617	250,000	0	150,155	11,153	473,987	292,215	552,896
39	89	0	215,737	250,000	0	150,155	11,674	490,365	305,743	566,530
40	90	0	217,684	250,000	0	150,155	12,219	507,010	319,776	580,660

These figures do not recognize that, because of interest, a dollar in the future has less value than a dollar today.

Total premiums through year 15 would be \$150,155 or, \$112,666 if paid in advance.



**State Farm Life Insurance Company**  
 (Not licensed in Massachusetts, New York, and Wisconsin)  
**State Farm Life and Accident Assurance Company**  
 (Licensed in New York and Wisconsin)  
 Home Office, Bloomington, IL 61710

DOC TYPE: **25** Check Digit

## Traditional Product Disclosure Acknowledgment

I, Joe Clemons, acknowledge that I have been advised of and understand the disclosures below. I have been encouraged to ask any questions that I have concerning these disclosures.

I have applied to purchase from one of the State Farm® life insurance companies the following product:  
15 Pay Life 250,000. I understand that the life companies are affiliated with State Farm Bank®, but that the product offered is not being offered by the Bank.

If anyone asserts that this product is federally insured or guaranteed, or is as safe as an insured deposit, I should call the Office of Thrift Supervision Regional Director at 312-917-5000.

I understand that the insurance product I am purchasing:

- Is not insured by the FDIC;
- Is not a deposit or other obligation of any bank and is not guaranteed by the bank or by the Federal government;
- Involves investment risks, including the possible loss of principal invested.

Joe Clemons 5-21-10  
 Customer Signature Date Signed

[Signature]  
 Agent Signature

**Agent:** After obtaining the required signatures, make one photocopy. Send the original signed copy to State Farm and give one copy to the Customer.

COPY

DEFENDANT'S EXHIBIT  
2 10-2-19  
Clemens

REVISED LIFE INSURANCE ILLUSTRATION

Plan: 15 Pay Life Date: JUNE 3, 2010  
Insured: JOE CLEMENS Policy Date: JUNE 7, 2010  
Male, Age 30 Policy Number: 2361-1031  
Dividend Option: Accumulated Dividends  
Premium Mode: Special Monthly

Year	Age	Guaranteed Values			Non-Guaranteed			Illustrated Values		
		Annualized Contract Premium	Cash Value	Guaranteed Death Benefit	Annualized Premium Outlay	Cash Surrender Value	Total Death Benefit	Annualized Premium Outlay	Cash Surrender Value	Total Death Benefit
5	35	16,164	30,002	350,000	16,764	14,714	354,712	16,164	39,392	359,381
10	40	16,164	78,473	350,000	16,164	74,204	364,727	16,164	110,200	320,722
15	45	16,164	132,022	350,000	16,164	115,311	377,739	16,164	196,530	309,407
20	50	0	155,910	350,000	0	174,016	288,021	0	241,009	325,037
35	65	0	106,370	250,000	0	215,927	267,437	0	473,327	317,267
50	80	0	231,422	130,000	0	415,353	165,071	0	643,421	943,654

I have received a copy of this illustration and understand that any non-guaranteed amounts illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

Joe Clemens  
Applicant

7/6/10  
Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed amounts illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Greg D. Pierce  
Agent

7-6-10  
Date

DEFENDANT'S EXHIBIT  
5 8/2/11  
Clemens

COPY

State Farm Insurance Companies



STATE FARM LIFE INSURANCE COMPANY

AMENDMENT OF APPLICATION

DEFENDANT'S EXHIBIT  
6 10-2-49  
Clemens

I, Joe Clemens, amend my application dated May 21, 2010, as follows:

Issue without Waiver of Premium Benefit rider.

I agree that this amendment will control over any conflicting language contained in the application. The consideration for this amendment is the issuance of the policy with the above agreed upon changes.

Dated on 7/6/10 at Moncks Corner SC

*[Signature]*

Signature of Agent as Witness

*[Signature]*

Signature of Applicant or Owner

ICC09 231-1634.3

Policy No. 28059088

AFWJ

DEFENDANT'S EXHIBIT  
4 8/3/10  
Clemens

Look at the size of this paper it is shorter than the others

REVISED LIFE INSURANCE ILLUSTRATION

Plan: 10 Pay Life  
 Insured: JOE CLEMONS  
 Male, Age 30

This is the paper of 2010, from the contract.

Date: JUNE 8, 2010  
 Policy Date: JUNE 7, 2010  
 Policy Number: 2805-9055

Dividend Option: Accumulated Dividends

Premium Mode: Special Monthly

also see the blue pen, by Mrs. Peggy

End of Year	Age	Guaranteed Values			Intermediate Values			Illustrated Values		
		Annualized Contract Premium	Guaranteed Cash Value	Guaranteed Death Benefit	Annualized Premium Outlay	Cash Surrender Value	Total Death Benefit	Annualized Premium Outlay	Cash Surrender Value	Total Death Benefit
5	35	10,164	30,802	250,000	10,164	14,714	254,712	10,164	39,593	259,591
10	40	10,164	79,477	250,000	10,164	94,204	264,727	10,164	110,200	280,727
15	45	10,164	138,072	250,000	10,164	145,311	277,239	10,164	196,530	308,457
20	50	0	155,950	250,000	0	194,016	288,036	0	241,049	335,069
25	55	0	206,270	250,000	0	313,937	357,637	0	473,537	517,267
30	60	0	231,472	250,000	0	416,553	505,081	0	643,436	941,954

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

Joe Clemens  
 Applicant

7/6/10  
 Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

Peggy Pinnellins  
 Agent

7-6-10  
 Date

# State Farm Insurance Companies



STATE FARM LIFE INSURANCE COMPANY

## AMENDMENT OF APPLICATION

I, Joe Clemons, amend my application dated May 21, 2010, as follows:

Issue without Waiver of Premium Benefit rider.

I agree that this amendment will control over any conflicting language contained in the application. The consideration for this amendment is the issuance of the policy with the above agreed upon changes.

Dated on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Agent as Witness

\_\_\_\_\_  
Signature of Applicant or Owner

~~ICC09 231-1634.3~~

Policy No. 28059088

AFWJ