

F04000006224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

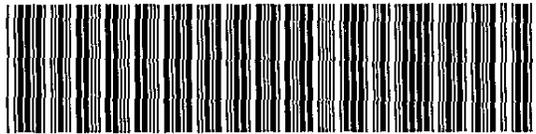
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100042255371

11/01/04--01008--011 **78.75

FILED
04 NOV -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 NOV -1 AM 10:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 948060 4712997
AUTHORIZATION :
COST LIMIT : \$ PPD

FILED
04 NOV - 1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 28, 2004
ORDER TIME : 9:47 AM
ORDER NO. : 948060-005
CUSTOMER NO: 4712997
CUSTOMER: Shirley Brantingham B-3
State Farm Associates Fund
One State Farm Plz.
Bloomington, IL 61710-0001

FOREIGN FILINGS

NAME: INSURANCE PLACEMENT SERVICES,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER: _____

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FILED
04 NOV 1 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. INSURANCE PLACEMENT SERVICES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 37-1359566
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 25, 1996 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ONE STATE FARM PLAZA
(Principal office address)

ONE STATE FARM PLAZA, B-3, BLOOMINGTON, IL 61710
(Current mailing address)

8. INSURANCE PRODUCER AND FOR ANY OTHER LAWFUL BUSINESS PURPOSE EXCEPT INVESTMENT COM
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Margaret Pike Asst. Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE ATTACHED LIST

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

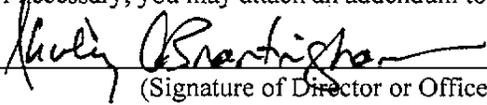
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. SHIRLEY A BRANTINGHAM, ASSISTANT SECRETARY
(Typed or printed name and capacity of person signing application)

INSURANCE PLACEMENT SERVICES, INC.
OFFICERS AND DIRECTORS
Effective October 22, 2004

PRESIDENT

John J. Killian
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Robin L. Thompson
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Reid D. Richards
One State Farm Plaza
Bloomington, IL 61710

**VICE PRESIDENT
AGENCY SERVICES**

Craig Allen
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Dave Gonzales
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Sharon McAuley
One State Farm Plaza
Bloomington, IL 61710

**VICE PRESIDENT/ASSISTANT
TREASURE**

Paul Smith
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT AND SECRETARY

Laura P. Sullivan
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT AND TREASURER

Michael Tipsord
One State Farm Plaza
Bloomington, IL 61710

ASST. SECRETARY

Shirley A. Brantingham
One State Farm Plaza
Bloomington, IL 61710

ASST. SECRETARY

Peter A. Grande, Sr.
One State Farm Plaza
Bloomington, IL 61710

ASST. SECRETARY

Donald F. Sikora
One State Farm Plaza
Bloomington, IL 61710

ASST. SECRETARY

Robert A. Mardis
One State Farm Plaza
Bloomington, IL 61710

DIRECTORS

John J. Killian
One State Farm Plaza
Bloomington, IL 61710

Laura P. Sullivan
One State Farm Plaza
Bloomington, IL 61710

Reid D. Richards
One State Farm Plaza
Bloomington, IL 61710

Michael Tipsord
One State Farm Plaza
Bloomington, IL 61710

