

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90059 014 ***150.00

DOCUMENT # F04000006224	
1. Entity Name INSURANCE PLACEMENT SERVICES, INC.	

Principal Place of Business ONE STATE FARM PLAZA BLOOMINGTON, IL 61710	Mailing Address ONE STATE FARM PLAZA, B-3 BLOOMINGTON, IL 61710
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address One State Farm Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc. Corporate Tax, D-3
City & State	City & State Bloomington, IL
Zip	Country
61710	



04092007 Chg-P CR2E034 (12/06)

4. FEI Number 37-1359566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KILLIAN, JOHN J ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TIPSORD, MICHAEL ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD SCHOPP, RUSSELL J ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDS, REID D ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLUKER, RONNIE C ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANTINGHAM, SHIRLEY ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  James A. Wright Date: 4-9-07 Daytime Phone #: (309)763-3230

ATTACHMENT

40061763
#FD400006224

INSURANCE PLACEMENT SERVICES, INC.

OFFICERS AND DIRECTORS

Effective Date November 30, 2006

PRESIDENT

Russell J. Schopp
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Barbara Bellissimo
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

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

VICE PRESIDENT

AGENCY SERVICES
Ronnie C. Fluker
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT/TREASURER

Mark Schwamberger
One State Farm Plaza
Bloomington, IL 61710

SECRETARY

James Allan Wright
One State Farm Plaza
Bloomington, IL 61710

ASSIST. SECRETARY

Brian Thomas Lockenvitz
One State Farm Plaza
Bloomington, IL 61710

ASSIST. SECRETARY

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

DIRECTORS

Russell J. Schopp
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

Dale Ruben Egeberg
One State Farm Plaza
Bloomington, IL 61710