

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90033 032 ***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
CORPORATE TAX, D-3
BLOOMINGTON, IL 61710**



04082008 No Chg-P CR2E034 (11/05)

4. FEI Number
37-1359566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SCHOPP, RUSSELL J**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

TITLE **V**
NAME **BELLISSIMO, BARBARA**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

TITLE **D**
NAME **SCHOPP, RUSSELL J**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

TITLE **VD**
NAME **RICHARDS, REID D**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

TITLE **V**
NAME **FLUKER, RONNIE C**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

TITLE **S**
NAME **WRIGHT, JAMES A**
STREET ADDRESS **ONE STATE FARM PLAZA**
CITY-ST-ZIP **BLOOMINGTON, IL 61710**

**DO NOT WRITE
IN THIS SPACE**

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 - Secretary

4/8/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40098169
#F04000006224

INSURANCE PLACEMENT SERVICES, INC.

OFFICERS AND DIRECTORS

Effective Date August 17, 2007

PRESIDENT

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

ASSIST. SECRETARY

Brian Thomas Lockenvitz
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Barbara Bellissimo
One State Farm Plaza
Bloomington, IL 61710

ASSIST. SECRETARY

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

VICE PRESIDENT

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

DIRECTORS

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

VICE PRESIDENT

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

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

VICE PRESIDENT/TREASURER

Mark Schwamberger
One State Farm Plaza
Bloomington, IL 61710

Christy Moberly
One State Farm Plaza
Bloomington, IL 61710

SECRETARY

James Allan Wright
One State Farm Plaza
Bloomington, IL 61710

Dale Ruben Egeberg
One State Farm Plaza
Bloomington, IL 61710