2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# F04000006224

Entity Name: INSURANCE PLACEMENT SERVICES, INC.

Current Principal Place of Business:

ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710

New Principal Place of Business:

Current Mailing Address:

ONE STATE FARM PLAZA
CORPORATE TAX, D-3
BLOOMINGTON, IL 61710

New Mailing Address:

FEI Number: 37-1359566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHOPP, RUSSELL J
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

Title: V
Name: BEHRENS, NANCY
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

Title: D
Name: SIMMONS, CARRA
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

Title: VD
Name: LOFTUS, THOMAS
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

Title: VT
Name: HARPER, WILLIAM V
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

Title: S
Name: OATES, STEVE
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 61710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE OATES S 04/27/2011

Electronic Signature of Signing Officer or Director — Date