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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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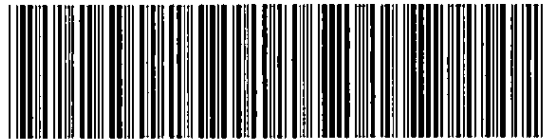
(Business Entity Name)

(Document Number)

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2023 MAR 23 PM 1:43
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA
TALLAHASSEE, FL

S. FRANKLIN
APR 9 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: State Farm Classic Insurance Company

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kate Lyons

Name of Person	FILED 2023 MAR 23 PM 1:43 TALLAHASSEE, FL
State Farm Mutual Automobile Insurance Company	
Firm/Company	
One State Farm Plaza E-10	
Address	
Bloomington, IL 61710	City/State and Zip code
home.acct-fra.459y00@statefarm.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Lyons	at (309)	766-0255
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN 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. State Farm Classic Insurance Company
(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. 87-1066498
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 7, 2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(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, Bloomington, IL 61710
(Principal office street address)
Same
(Current mailing address, if different)

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

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

9. 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.

(Registered agent's signature)

10. 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.

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2023 MAR 23 PM 1:54
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: Fawad Ahmad
☐ Vice Chairman Address: One State Farm Plaza
☒ Director Bloomington, IL 61710
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jon C. Farney
☐ Vice Chairman Address: One State Farm Plaza
☒ Director Bloomington, IL 61710
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Michael L. Tipsord
☐ Vice Chairman Address: One State Farm Plaza
☒ Director Bloomington, IL 61710
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kristyn Cook
☐ Vice Chairman Address: One State Farm Plaza
☒ Director Bloomington, IL 61710
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Deon Johnson
☐ Vice Chairman Address: One State Farm Plaza
☒ Director Bloomington, IL 61710
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Schwamberger
☐ Vice Chairman Address: One State Farm Plaza
☐ Director Bloomington, IL 61710
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Fawad Ahmad*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Secretary
(Typed or printed name and capacity of person signing application)

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS, the State Farm Classic Insurance Company located City of Bloomington, McLean County in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is in compliance with the "Illinois Insurance Code" and with pertinent Illinois Regulations; and is authorized to transact its appropriate business as set forth under Clause(s)

(b) of Class 2

(d), (e) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: March 8, 2023


DANA POPISH SEVERINGHAUS
DIRECTOR OF INSURANCE



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2023 MAR 23 PM 1:54
STATE
OF ILLINOIS
JANASSEE, IL

Attachment to Application by Foreign Corporation for Authorization to Transact Business in Florida
State Farm Classic Insurance Company
March 14, 2023

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors:

Lynne M. Yowell
Secretary
One State Farm Plaza
Bloomington, IL 61710

Sara Frankowiak
Vice President – P&C Actuarial
One State Farm Plaza
Bloomington, IL 61710

Joseph Young
Vice President – Investments
One State Farm Plaza
Bloomington, IL 61710

FILED
2023 MAR 23 PM 1:54
CLERK OF DISTRICT COURT
TALLAHASSEE, FL