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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

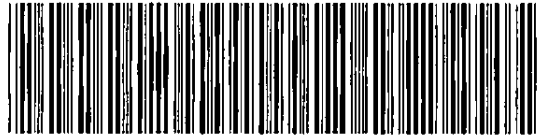
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2024 OCT 2 11:03 AM

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** State Farm Specialty 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

State Farm

Firm/Company

One State Farm Plaza E-10

Address

Bloomington, IL 61710

City/State and Zip code

home.acct-fra.459y00@statefarm.com for annual filings; kate.lyons.GU48@statefarm.com for this application only

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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$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 Specialty 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. 88-1591954  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/16/2022 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than 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, Bloomington, IL 61710  
(Principal office street address)
- One State Farm Plaza, Bloomington, IL 61710  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Department of Financial Services
- Office Address: 200 E 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

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

☐ Chairman Name: Wensley Herbert  
☐ Vice Chairman Address: One State Farm Plaza  
☒ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_


☐ Chairman Name: Bradley Montgomery  
☐ Vice Chairman Address: One State Farm Plaza  
☒ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Chairman Name: Christopher Schell  
☐ 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 \_\_\_\_\_

☐ Chairman Name: Todd Chapman  
☐ 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.   
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. Todd Chapman, Secretary  
(Typed or printed name and capacity of person signing application)

**A. DIRECTORS**

☐ Chairman Name: Justin Tipsord  
☐ Vice Chairman Address: One State Farm Plaza  
☐ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other Controller ☐ Other \_\_\_\_\_

☐ Chairman Name: Nicole Forziati  
☐ Vice Chairman Address: One State Farm Plaza  
☐ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

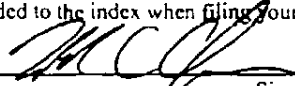
☐ Chairman Name: Michelle Mancias  
☐ Vice Chairman Address: One State Farm Plaza  
☐ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Assistant Secretary ☐ Other \_\_\_\_\_

☐ Chairman Name: Joseph Young  
☐ Vice Chairman Address: One State Farm Plaza  
☐ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Sara Frankowiak  
☐ Vice Chairman Address: One State Farm Plaza  
☐ Director Bloomington, IL 61710  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Actuary ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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



I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the  
State Farm Specialty Insurance Company  
located at Bloomington, McLean County, Illinois has securities on  
deposit with the Department of Insurance of the State of Illinois amounting to the sum of  
not less than --- ONE MILLION SIX HUNDRED THOUSAND --- Dollars  
( \$1,600,000.00 ) , and that said securities are of a class contemplated and permitted by  
the provisions of the "ILLINOIS COMPILED STATUTES." This deposit is maintained  
with the Director for the benefit and protection of all creditors, policyholders, and policy  
obligations of the company.

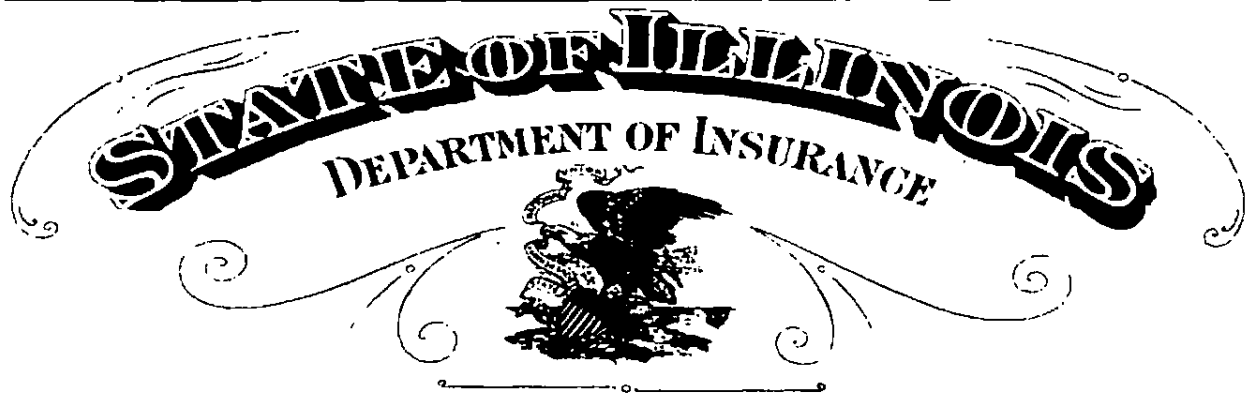
SEE ATTACHED LIST FOR DESCRIPTION OF SECURITIES



*IN TESTIMONY WHEREOF*, I hereto set my hand and cause  
to be affixed this Seal.

Done at the City of Springfield, this 12th day of June, 2024.

Ann Gillespie KS  
Ann Gillespie Director



WHEREAS, State Farm Specialty Insurance Company, located in  
Bloomington, McLean County, in the State of Illinois, has complied with the requirements of the  
"Illinois Insurance Code" applicable to said Insurance Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of  
Illinois, do hereby authorize the said Insurance Company to transact its appropriate business as  
set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (j) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of "Section 4 of the *Illinois Insurance Code*" in this State, in accordance with the laws thereof:  
limited to that of a domestic surplus line insurer pursuant to Section 445a of the Illinois Insurance  
Code and domestic reinsurer approved pursuant to Section 173.1(1)(B)(5) of the Illinois Insurance  
Code.

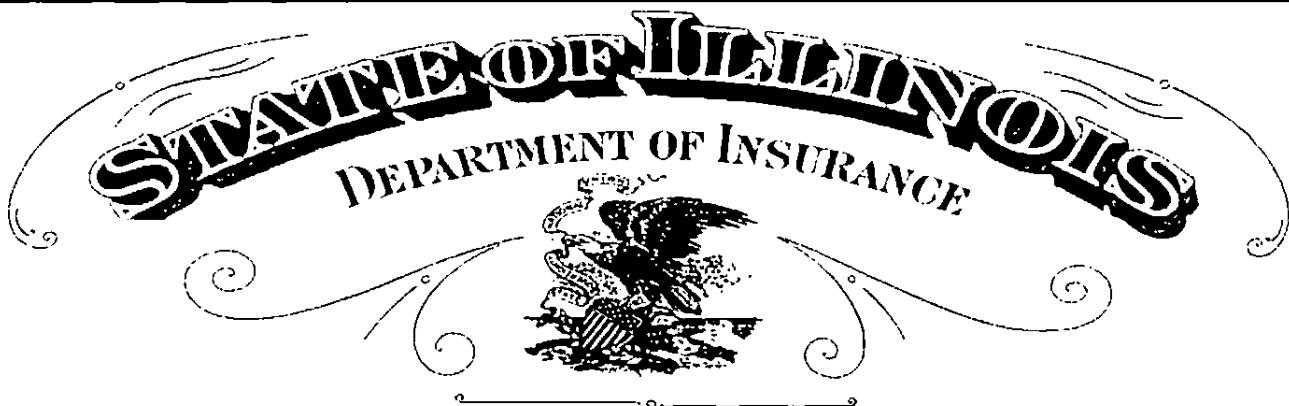
DEPARTMENT OF INSURANCE of the State of  
Illinois;

DATE: July 26, 2023

Dana Popish Severinghaus  
Dana Popish Severinghaus  
Director of Insurance



Certificate of Authority



**WHEREAS**, the STATE FARM SPECIALTY INSURANCE COMPANY located at 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, Acting 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)

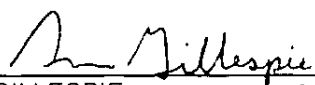
(a), (b), (c), (d), (e), (f), (g), (h), (i), (j) of Class 2

(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof. In Illinois authority is limited to that described in Section 445a as a domestic surplus line insurer and as an Accredited / Approved Reinsurer.

DEPARTMENT OF INSURANCE of the State  
of Illinois

DATE: June 12, 2024

  
ANN GILLESPIE *AN*  
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance