# TO: Qualification/Tax Lien Section

SUBJECT: State Farm VP Management Corp.

Division of Corporations

(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", 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:

David Moore	
(Name of Person)	
State Farm Insurance Companies	· · · · -
(Firm/Company)	
One State Farm Plaza, E-8	1000024573718 -03/13/9801123010
(Address)	*****70.00 *****70.00
Bloomington, Illinois 61710-0001	
(City/State/Zip)	

Should you need to call someone concerning this matter, please call:

David Moore
(Name of Person)

at (309) 766–1908
(Area Code & Daytime Telephone Number)

# **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

# **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATE ORVISION OF CORPORATION
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# 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 VP Management Corp.		
-•	(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		
<b>)</b> .	Delaware 3. 36-4122967		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
1	November 27, 1996 5. Perpetual		
	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
5.	June 1, 1998		
	(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)		
7.	One State Farm Plaza		
	Bloomington, Illinois 61710-0001	1	
R	(Current mailing address)  Sell and distribute, through State Farm agents, variable insurance products issued by State Farm Life Insurance Company.	行うでのは	
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9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)		
	Name: _Corporation Service Company		
	Office Address: 1201 Hays Street		
	Tallahassee , Florida, 32301		
	(Zip Code)		
10	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.

Ololo Butter asst Sect (Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address **ONLY-** P. O. Box **NOT** acceptable)

Chairman: See attached	officers/directors rider
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	-
Director:	·
Address:	<u>v</u>
	n n n n n n n n n n n n n n n n n n n
`	lress only- P. O. Box NOT acceptable)
President: See attached	officers/directors rider
Address:	<u> </u>
Vice President:	
Address:	
Address:	
Address:	
Address: Secretary: Address:	
Address: Secretary: Address: Treasurer:	

13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David R. Grimes, Assistant Vice President-Secretary

# State Farm VP Management Corp.

# Directors

Name	Bus	siness Address
Edward B. Rust, Jr.		e State Farm Plaza comington, Illinois 61710
Roger S. Joslin	=	e State Farm Plaza comington, Illinois 61710
Kurt G. Moser		e State Farm Plaza comington, Illinois 61710
Roger B. Tompkins		e State Farm Plaza ZOS oomington, Illinois 61715 ZOS
Charles R. Wright		e State Farm Plaza & CONTROL C
	Officers	9: 27
Name	<u>Title</u>	Business Address
Edward B. Rust, Jr.	President	One State Farm Plaza Bloomington, Illinois 61710
Roger S. Joslin	Vice President- Treasurer	One State Farm Plaza Bloomington, Illinois 61710
Roger B. Tompkins		One State Farm Plaza Bloomington, Illinois 61710
Charles R. Wright	Vice President- Sales	One State Farm Plaza Bloomington, Illinois 61710
Max E. McPeek	Assistant Vice President- Compliance	One State Farm Plaza Bloomington, Illinois 61710
Ralph O. Bolt	Assistant Vice President- Sales	One State Farm Plaza Bloomington, Illinois 61710
David R. Grimes	Assistant Vice President- Secretary	One State Farm Plaza Bloomington, Illinois 61710
Terry L. Huff	Assistant Vice President- Administration	One State Farm Plaza Bloomington, Illinois 61710
Patricia L. Dysart	Assistant Secretary- Counsel	One State Farm Plaza Bloomington, Illinois 61710

# State of Delaware

# Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STATE FARM VP MANAGEMENT CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 1998.

Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE: 01-29-98

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