

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90062 038 ***150.00

DOCUMENT # F98000001466

1. Corporation Name

STATE FARM VP MANAGEMENT CORP.

Principal Place of Business

ATTN: LYNDA KRUEGER COMPLIANCE SUPERVISOR
ONE STATE FARM PLAZA, D-3
BLOOMINGTON IL 61710-0001

Mailing Address

ATTN: LYNDA KRUEGER COMPLIANCE SUPERVISOR
ONE STATE FARM PLAZA, D-3
BLOOMINGTON IL 61710-0001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1998

4. FEI Number

36-4122967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUST, EDWARD B JR.	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JOSLIN, ROGER S	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TOMPKINS, ROGER B	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES R	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MCPEEK, MAX E	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	BOLT, RALPH O	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Moser, Kurt G	
1.3 STREET ADDRESS	One State Farm Plaza	
1.4 CITY-ST-ZIP	Bloomington, IL 61710-0001	
2.1 TITLE	AV/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Grimes, David R.	
2.3 STREET ADDRESS	One State Farm Plaza	
2.4 CITY-ST-ZIP	Bloomington, IL 61710-0001	
3.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Huff, Terry L.	
3.3 STREET ADDRESS	One State Farm Plaza	
3.4 CITY-ST-ZIP	Bloomington, IL 61710-0001	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David R. Grimes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Vice Pres. & Sec. 01/26/99 (309)766-5714

Date

Daytime Phone #

CR2E034 (11/98)