

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000001466**

1. Entity Name

**STATE FARM VP MANAGEMENT CORP.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90099 002 \*\*\*150.00

Principal Place of Business

Mailing Address

ATTN: LYNDA KRUEGER COMPLIANCE SUPERVISOR  
ONE STATE FARM PLAZA, D-3  
BLOOMINGTON IL 61710-0001ATTN: LYNDA KRUEGER COMPLIANCE SUPERVISOR  
ONE STATE FARM PLAZA, D-3  
BLOOMINGTON IL 61710-0001**80007149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**36-4122967**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ DeleteNAME RUST, EDWARD B JR.  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE D ☐ Change ☒ AdditionNAME Moser, Kurt G  
STREET ADDRESS One State Farm Plaza  
CITY-ST-ZIP Bloomington, IL 61710-0001TITLE VTD ☐ DeleteNAME JOSLIN, ROGER S  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE AV/S ☐ Change ☒ AdditionNAME Grimes, David R  
STREET ADDRESS One State Farm Plaza  
CITY-ST-ZIP Bloomington, IL 61710-0001TITLE DV ☐ DeleteNAME TOMPKINS, ROGER B  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE AV ☐ Change ☒ AdditionNAME Huff, Terry L  
STREET ADDRESS One State Farm Plaza  
CITY-ST-ZIP Bloomington, IL 61710-0001TITLE DV ☐ DeleteNAME WRIGHT, CHARLES R  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE AS ☐ Change ☒ AdditionNAME Horton, Stephen L  
STREET ADDRESS One State Farm Plaza  
CITY-ST-ZIP Bloomington, IL 61710-0001TITLE AV ☐ DeleteNAME MCPEEK, MAX E  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE ☐ Change ☐ AdditionTITLE AV ☐ DeleteNAME BOLT, RALPH O  
STREET ADDRESS ONE STATE FARM PLAZA  
CITY-ST-ZIP BLOOMINGTON IL 61710-0001TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

David R. Grimes Asst. Vice Pres. &amp; Sec. (309) 735-27

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/00

Daytime Phone #