2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800001466

Entity Name

STATE FARM VP MANAGEMENT CORP.

Principal Place of Business

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

2. Principal Place of Business

Mailing Address

3. Mailing Address

ATTN: LYNDA KRUEGER ONE STATE FARM PLAZA. D-3 BLOOMINGTON IL 61710-0001 FILED Feb 07, 2001 8:00 am Secretary of State

02-07-2001 90191 011 ***150.00



Three State Farm Plaza Three State Farm Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE R-4 City & State City & State 4. FEI Number Applied For 36-4122967 Bloomington, Not Applicable Bloomington, Country Country Zip Zip \$8.75 Additional \Box 5. Certificate of Status Desired 61791-0001 McLean 61791-0001 Fee Required McLean 6. Name and Address of Current Registered Agent -7...Name and Address of New Registered Agent --CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition ☐ Delete ☐ Change TITLE TITLE RUST. EDWARD B JR. Moser, Kurt G. NAME One - State Farm Plaza STREET ADDRESS ONE STATE FARM PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bloomington, IL 61710 BLOOMINGTON IL 61710-0001 X Addition ☐ Delete TITLE Grimes, David R Joslin, Roger S NAME Three State Farm Plaza STREET ADDRESS ONE STATE FARM PLAZA STREET ADDRESS Bloomington, IL 61791-CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON IL 61710-0001 -TITLE TITLE-☐ Change X Addition ☐ Dēlete Huff, Terry L TOMPKINS, ROGER B NAME NAME One -> State Farm Plaza STREET ADDRESS ONE STATE FARM PLAZA STREET ADDRESS Bloomington, IL 61710 CITY-ST-ZIP **BLOOMINGTON IL 61710-0001** CITY-ST-ZIP TITLE ☐ Change K Addition TITLE ☐ Delete NAME WRIGHT, CHARLES R NAME Horton, Stephen L ONE STATE FARM PLAZA STREET ADDRESS One State Farm Plaza STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bloomington, IL 617:10. **BLOOMINGTON IL 61710-0001** ☐ Delete ☐ Change ☐ Addition TITLE TITLE MCPEEK, MAX E STREET ADDRESS ONE STATE FARM PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON IL 61710-0001 TITLE A۷ ☐ Delete TITLE ☐ Change Addition **BOLT, RALPH O** NAME NAME STREET ADDRESS ONE STATE FARM PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BLOOMINGTON IL 61710-0001

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PENTATIONAL OF SIGNING OFFICER OR DIRECTOR

David R. Grimes

Vice Pres. & Sec. (309) 766-6871

Daytime P

CR2E034 (10)