


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90197 023 ***150.00

DOCUMENT # F98000001466 1. Entity Name STATE FARM VP MANAGEMENT CORP.	
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Principal Place of Business THREE STATE FARM PLAZA N-1 BLOOMINGTON, IL 61710-0001 US	Mailing Address THREE STATE FARM PLAZA N-1 BLOOMINGTON, IL 61710-0001 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4122967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUST, EDWARD B JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIZZLE, DAVID THREE STATE FARM PLAZA -R4N-1 BLOOMINGTON, IL 61791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD DAVIDSON, MIKE ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAWKINS, PHILLIP THREE STATE FARM PLAZA R4N-1 BLOOMINGTON, IL 617910001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC MATLOCK, MICHAEL ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:  **4-18-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #