

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000001466

1. Entity Name
STATE FARM VP MANAGEMENT CORP.



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

DO NOT WRITE IN THIS SPACE

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

05-03-2006 90197 023 ***150.00



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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUST, EDWARD B JR.
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

TITLE VTD
NAME TIPSORD, MICHAEL L
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

TITLE ST
NAME GRIZZLE, DAVID
STREET ADDRESS THREE STATE FARM PLAZA -R4N-1
CITY-ST-ZIP BLOOMINGTON, IL 61791

TITLE SVPD
NAME DAVIDSON, MIKE
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

TITLE V
NAME HAWKINS, PHILLIP
STREET ADDRESS THREE STATE FARM PLAZA R4N - 1
CITY-ST-ZIP BLOOMINGTON, IL 617910001

TITLE VPCC
NAME MATLOCK, MICHAEL
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

Date

Daytime Phone #