

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90329 009 \*\*\*150.00

**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**

40063942



04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>36-4122967</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUST, EDWARD B JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIZZLE, DAVID THREE STATE FARM PLAZA - R4 BLOOMINGTON, IL 61791 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Three State Farm Plaza N-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD DAVIDSON, MIKE ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAWKINS, PHILLIP THREE STATE FARM PLAZA R-4 BLOOMINGTON, IL 617910001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Three State Farm Plaza N-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC MATLOCK, MICHAEL ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \_\_\_\_\_

David Grizzle Assistant Secretary-Treasurer

April 9, 2007

**ATTACHMENT**  
**STATE FARM VP MANAGEMENT CORP.**  
List of Directors and Officers  
as of 03/13/2007

40063942  
#F98000001466

Name	Title	Mailing Address
Edward B. Rust, Jr.	President and Director	One State Farm Plaza Bloomington, IL 61710-0001
Michael L. Tipsord	Senior Vice President, Treasurer, and Director	One State Farm Plaza Bloomington, IL 61710-0001
Jack North	Senior Vice President and Director	One State Farm Plaza Bloomington, IL 61710-0001
Mike Davidson	Senior Vice President and Director	One State Farm Plaza Bloomington, IL 61710-0001
Jim Rutrough	Senior Vice President and Director	One State Farm Plaza Bloomington, IL 61710-0001
Susan D. Waring	Senior Vice President and Director	One State Farm Plaza Bloomington, IL 61710-0001
Phillip Hawkins	Vice President	Three State Farm Plaza Bloomington, IL 61791-0001
Michael Matlock	Vice President & Chief Compliance Officer	One State Farm Plaza Bloomington, IL 61710-0001
Richard Paul	Vice President - Financial & Secretary	Three State Farm Plaza Bloomington, IL 61791-0001
Stephen L. Horton	Assistant Secretary and Counsel	One State Farm Plaza Bloomington, IL 61710-0001
David M. Moore	Assistant Secretary and Counsel	One State Farm Plaza Bloomington, IL 61710-0001
David Grizzle	Assistant Secretary-Treasurer	Three State Farm Plaza Bloomington, IL 61791-0001
Howard A. Thomas	Assistant Secretary-Treasurer	Three State Farm Plaza Bloomington, IL 61791-0001
Scott Hintz	Assistant Secretary	Three State Farm Plaza Bloomington, IL 61791-0001