2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001466

Entity Name: STATE FARM VP MANAGEMENT CORP.

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
THREE STATE FARM PLAN-2	4ZA		
BLOOMINGTON, IL 61710	00001 US		
Current Mailing Address:		New Mailing Address:	
THREE STATE FARM PLA	4ZA		
N-2 BLOOMINGTON, IL 61710	00001 US		
FEI Number: 36-4122967	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New R			New Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US			
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:			
Electronic	Signature of Registered Age	nt	Date

OFFICERS AND DIRECTORS:

Title: PD

Name: RUST, EDWARD B JR.
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 617100001

Title: VTD

Name: TIPSORD, MICHAEL L
Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 617100001

Title: ST

Name: GRIZZLE, DAVID

Address: THREE STATE FARM PLAZA N-2 City-St-Zip: BLOOMINGTON, IL 61791

Title: SVPD Name: SMITH, PAUL

Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 617100001

Title: VP

Name: MONK, JOE

Address: ONE STATE FARM PLAZA
City-St-Zip: BLOOMINGTON, IL 617910001

Title: VPCC

 Name:
 LOFTUS, THOMAS

 Address:
 ONE STATE FARM PLAZA

 City-St-Zip:
 BLOOMINGTON, IL 617100001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KURT OLESON VP 04/10/2012