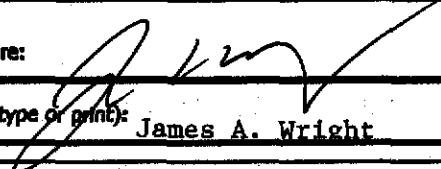


No. C 154058		Due no later than Apr 30, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. INSURANCE PLACEMENT SERVICES, INC.  ONE STATE FARM PLAZA BLOOMINGTON IL 61710		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. Office Held      Name      Street or PO Address      City      State      Country      Postal Code					
SEE ATTACHMENT					
5. Organized Under the Laws of:  ILLINOIS C 154058		6. Signature:  Name (type or print): James A. Wright		Date: 4/22/2009 Title: Secretary Se	
Issued 04/20/2009 by CLH      200904003322					

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. **Note:** Do not put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

\*\* The image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at [www.sos.idaho.gov](http://www.sos.idaho.gov). However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

**POSTMARK DATES WILL NOT BE ACCEPTED**

**INSURANCE PLACEMENT SERVICES, INC.**  
**OFFICERS AND DIRECTORS**  
*Effective Date April 20, 2009*

**PRESIDENT**

Russell J. Schopp  
One State Farm Plaza  
Bloomington, IL 61710

**VICE PRESIDENT**

Joe Monk  
One State Farm Plaza  
Bloomington, IL 61710

**VICE PRESIDENT**

Ronnie C. Fluker  
One State Farm Plaza  
Bloomington, IL 61710

**VICE PRESIDENT**

AGENCY SERVICES  
Kurt Mamon  
One State Farm Plaza  
Bloomington, IL 61710

**VICE PRESIDENT/TREASURER**

William V. Harper  
One State Farm Plaza  
Bloomington, IL 61710

**SECRETARY**

James Allan Wright  
One State Farm Plaza  
Bloomington, IL 61710

**ASSIST. SECRETARY**

Brian Thomas Lockenvitz  
One State Farm Plaza  
Bloomington, IL 61710

**ASSIST. SECRETARY**

Robert Andrew Mardis  
One State Farm Plaza  
Bloomington, IL 61710

**DIRECTORS**

Russell J. Schopp  
One State Farm Plaza  
Bloomington, IL 61710

Ronnie C. Fluker  
One State Farm Plaza  
Bloomington, IL 61710

Carra Simmons  
One State Farm Plaza  
Bloomington, IL 61710

Dale Ruben Egeberg  
One State Farm Plaza  
Bloomington, IL 61710