

No. <b>C 154058</b>		Due no later than Apr 30, 2010		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> INSURANCE PLACEMENT SERVICES, INC. ONE STATE FARM PLAZA BLOOMINGTON IL 61710		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	RUSSELL J SCHOPP	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
SECRETARY	STEVE OATES	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
DIRECTOR	RUSSELL J SCHOPP	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
DIRECTOR	RONNIE C FLUKER	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
DIRECTOR	CARRA SIMMONS	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
DIRECTOR	DALE R EGEBERG	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710-0001
5. Organized Under the Laws of: <b>IL</b> <b>C 154058</b>		6. Annual Report must be signed.* Signature: Steve Oates Name (type or print): Steve Oates Date: 04/27/2010 Title: Secretary				
Processed 04/27/2010		* Electronically provided signatures are accepted as original signatures.				