

No. C 154058		Due no later than Apr 30, 2006 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. INSURANCE PLACEMENT SERVICES, INC. ONE STATE FARM PLAZA BLOOMINGTON IL 61710 0000		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 0000			
NO FILING FEE IF RECEIVED BY DUE DATE				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	JOHN J KILLIAN	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
SECRETARY	SHIRLEY A BRANTINGHAM	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
DIRECTOR	JOHN J KILLIAN	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
DIRECTOR	REID D RICHARDS	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
DIRECTOR	MICHAEL TIPSOND	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
DIRECTOR	RUSSELL J SCHOPP	ONE STATE FARM PLAZA	BLOOMINGTON	IL	USA	61710	
5. Organized Under the Laws of: ILLINOIS C 154058		6. Annual Report must be signed.* Signature: Shirley A Brantingham Name (type or print): Shirley A Brantingham					
		Date: 02/24/2006 Title: Secretary					
Processed 02/24/2006		* Electronically provided signatures are accepted as original signatures.					