

1.) CORPORATION NAME:

Insurance Placement Services, Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1444746**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE STATE FARM PLAZA
CORP TAX, D-2

CITY/ST/ZIP: BLOOMINGTON, IL 61710

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RUSSELL J SCHOPP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 STATE FARM PLZ		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME:	NANCY BEHRENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STATE FARM PLAZA		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME:	TAMARA JACQUOT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	ONE STATE FARM PLAZA		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME:	BRIAN THOMAS LOCKENVITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 STATE FARM PLZ		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME:	STEVE OATES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE STATE FARM PLAZA		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME:	VICTOR TERRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE STATE FARM PLAZA		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61710		

NAME: JAMES WRIGHT TITLE: VICE PRESIDENT ADDRESS: ONE STATE FARM PLAZA CITY/ST/ZIP/CO: BLOOMINGTON, IL 61710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBERT ANDREW MARDIS TITLE: ASST SECRETARY ADDRESS: ONE STATE FARM PLAZA CITY/ST/ZIP/CO: BLOOMINGTON, IL 61710	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: CARRA SIMMONS TITLE: DIRECTOR ADDRESS: ONE STATE FARM PLAZA CITY/ST/ZIP/CO: BLOOMINGTON, IL 61710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK SCHWAMBERGER TITLE: DIRECTOR ADDRESS: ONE STATE FARM PLAZA CITY/ST/ZIP/CO: BLOOMINGTON, IL 61710	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEVE OATES	STEVE OATES, SECRETARY	10/29/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.