



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139208		2. Exact name of the Corporation Insurance Placement Services, Inc.			
3. Principal office address One State Farm Plaza, B-3			City Bloomington	State IL	Zip 61710
4. Business Phone No. (309) 766-2016			5. State of Incorporation Illinois		
6. Brief description of the character of business conducted in Rhode Island Insurance Producer					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **FEB 27 2012**

Check No. By *[Signature]*
 By: **1000020432**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]

Signature of Authorized Representative

Date

Steve Oates

2/24/12

Print or Type Name of Authorized Representative

INSURANCE PLACEMENT SERVICES, INC.
OFFICERS AND DIRECTORS
Effective Date May 31, 2011

PRESIDENT

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

ASSISTANT SECRETARY

Robert Andrew Mardis
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Nancy Behrens
One State Farm Plaza
Bloomington, IL 61710

ASSISTANT SECRETARY

Brian Thomas Lockenvitz
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT

Thomas Loftus
One State Farm Plaza
Bloomington, IL 61710

DIRECTORS

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

VICE PRESIDENT AGENCY SERVICES

Victor Terry
One State Farm Plaza
Bloomington, IL 61710

Thomas Loftus
One State Farm Plaza
Bloomington, IL 61710

VICE PRESIDENT/TREASURER

Tamara Jacquot
One State Farm Plaza
Bloomington, IL 61710

Carra Simmons
One State Farm Plaza
Bloomington, IL 61710

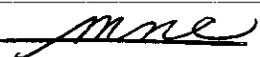
SECRETARY

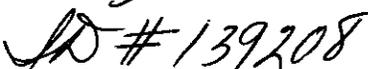
Steve Oates
One State Farm Plaza
Bloomington, IL 61710

Dale Ruben Egeberg
One State Farm Plaza
Bloomington, IL 61710

FILED

FEB 27 2012

By 

 ID # 139208