



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000139208

2. Name of Corporation Insurance Placement Services, Inc.

3. Street Address Principal Business Office:

No. and Street: ONE STATE FARM PLAZA, B3

City or Town: BLOOMINGTON

State: IL Zip: 61710 Country: USA

4. Business Phone No.

309-766-2016

5. State of Incorporation

State: IL

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE PRODUCER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	STEVE OATES	ONE STATE FARM PLAZA BLOOMINGTON , IL 61710 USA
ASSISTANT SECRETARY	ROBERT ANDREW MARDIS	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
ASSISTANT SECRETARY	BRIAN THOMAS LOCKENVITZ	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
PRESIDENT/DIRECTOR	RUSSELL J SCHOPP	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
VICE PRESIDENT	NANCY BEHRENS	ONE STATE FARM PLAZA

		BLOOMINGTON , IL 61710 USA
VICE PRESIDENT AGENCY SERVICES	JAMES WRIGHT	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
VICE PRESIDENT/TREASURER	TODD OEHLER	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
VICE PRESIDENT/DIRECTOR	KEN HEIDRICH	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
DIRECTOR	CARRA SIMMONS	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA
DIRECTOR	MARK SCHWAMBERGER	ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	3,000.00	500

9. 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.

Signed this 12 Day of February, 2016 at 1:53:16 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEVE OATES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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