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Filing ID: 6076477 (Please retain this number for further inquiries regarding this form)

Submitted Date: Tue Apr 12 20:46:37 EDT 2022

## FINRA Regulatory Tip Form

All fields marked with \* are mandatory.

### Tell us about your Tip

Security Name STATE FARM INVESTMENT MANAGEMENT

Security Symbol 8-50128

Security Type Mutual Fund

#### Date and/or Period of Activity

From Date \* (MM/DD/YYYY)

08/08/2020

Activity is ongoing

### Type of misconduct or violation

What type of violation(s) are you Reporting?

Primary Violation \* Fraudulent scheme

Amount in Dispute 852,029,489.38

### Tip Summary

Please provide a summary of your tip. Summary is limited to 3800 characters. \*

*Do not provide personal confidential information such as financial account numbers, Social Security numbers, or driver's license information. Such information will be requested by FINRA staff only when and if needed, and at the appropriate time. Also, please indicate the type of relevant supporting documentation currently in your possession (e.g. Monthly Account Statements, Canceled Checks, Correspondence to and from Firm, Advertising or Marketing Materials, etc.).*

#3231040#STATE FARM VP MANAGEMENT CORP.[CRD#: 43036/SEC#: 8-50128]#####ONE STATE FARM PLAZA, BLOOMINGTON, IL 61710 ITEM 1. BOND PERIOD: from 12:01 a.m. on January 1, 2022 to 12:01 a.m. on January 1, 2023 ITEM 2. LIMITS OF LIABILITY—DEDUCTIBLE AMOUNTS: If "Not Covered" is inserted below opposite any specified INSURING CLAUSE, such INSURING CLAUSE and any other reference shall be deemed to be deleted. There shall be no deductible applicable to any loss under INSURING CLAUSE 1. sustained by any Investment Company. INSURING CLAUSE SINGLE LOSS DEDUCTIBLE LIMIT OF LIABILITY AMOUNT 1. Employee \$ 2,500,000 \$ 0 2. On Premises \$ 2,500,000 \$ 10,000 3. In Transit \$ 2,500,000 \$ 10,000 4. Forgery or Alteration \$ 2,500,000 \$ 10,000 5. Extended Forgery \$ 2,500,000 \$ 10,000 6. Counterfeit Money \$ 2,500,000 \$ 10,000 7. Threats to Person \$ 2,500,000 \$ 10,000 8. Computer System \$ 2,500,000 \$ 10,000 9. Voice Initiated Funds \$ 2,500,000 \$ 10,000 Transfer Instruction 10. Uncollectible Items of Deposit \$ 50,000 \$ 10,000 11. Audit Expense \$ 50,000 \$ 10,000 If "Not Covered" is inserted opposite any Insuring Agreement above, such Insuring Agreement and any reference thereto shall be deemed to be deleted from this Bond. >> F-SECURITIES BY ITS FIDELITY AND COMPLIANCE OFFICER, SR. VICE PRESIDENT AND DIRECTOR, UNDER COMPLIANCE OFFICER LUDWIG WHO EXECUTED THE PRIOR INDENDURE OMISSION: "Not Covered" AND LOSSES OF -852029489.38 REGISTERED UNDER THEIR UMBRELLA OF "State Farm Associates' Funds Trust" 1. Item G.1.a.i. Legal proceedings. (a) If the Registrant responded "YES" to Item B.11.a., provide a brief description of the proceedings. As part of the description, provide the case or docket number (if any), and the full names of the principal parties to the proceeding. > LOAN IS ANNEXED IN THE DOCKET AVOIDED TO: NYSCEF 153974/2020 (b) If the Registrant responded "YES" to Item B.11.b., identify the proceeding and give its date of termination. > LOAN IS ANNEXED IN THE DOCKET AVOIDED TO: NYSCEF 153974/2020 > H-UNCOLLECTIBLE ITEMS OF DEPOSIT IS ANNEXED IN NYSCEF 153974/2020 State Farm Associates' Funds Trust  
<https://www.sec.gov/Archives/edgar/data/0000093715/000009371520000003/aft2020.txt>  
#####<https://brokercheck.finra.org/individual/summary/2992788> ##### NAME: HARBERT, RANDALL HOUSTON ##### CRD NUMBER: 2992788##### STATES REGISTERED: Illinois##### POSITION: SR. VICE PRESIDENT AND DIRECTOR##### AFFILIATIONS / OUTSIDE BUSINESSES DISCLOSED:##### B. 2016-PRESENT, STATE FARM LIFE INSURANCE COMPANY [ NON-INVESTMENT RELATED ] D. 2011-PRESENT, STATE FARM LLOYDS, INC [ NON-INVESTMENT RELATED ]\*\*\* DIRECTOR. E. 2011-PRESENT, STATE FARM INVESMENT MANAGEMENT CORP[ INVESTMENT RELATED ]#####<https://reports.adviserinfo.sec.gov/reports/ADV/3487/PDF/3487.pdf> ##### F. 2011-PRESENT, STATE FARM VP MANAGEMENT CORP [ INVESTMENT RELATED ]##### \*\*\* SENIOR VICE PRESIDENT AND DIRECTOR1.B. AIDED AND ABETTED SULLIVAN PROPERTIES, AND ITS AFFILIATES AND COUNSELORS#####[RECEIVED NYSCEF: 08/11/2020]##### STIPULATION TO AMEND CAPTION AND ADD "STATE FARM REALTY MORTGAGE LLC" ##### WHICH IS MANAGED BY##### "STATE FARM LIFE INSURANCE COMPANY"##### AN OUTSIDE BUSINESS DISCLOSED BY: HARBERT, RANDALL HOUSTON, AS A DIRECTOR OF [STATE FARM VP MANAGEMENT CORP.] >>  
#####[https://iapps.courts.state.ny.us/nyscef/ViewDocument?docIndex=Xjn0/e1NcBADqRc\\_PLUS\\_g11P4g==](https://iapps.courts.state.ny.us/nyscef/ViewDocument?docIndex=Xjn0/e1NcBADqRc_PLUS_g11P4g==)<<< \*\*\*\* EXECUTED ON 08/08/2020##### not covered and would not disclose the nyscef 153974/2020 MATTER AS THE UNREGISTERED SECURITY WAS ANNEXED THEREIN.

### Tell us about the firm or entity about which you have a tip

Firm Name: \*

STATE FARM VP MANAGEMENT CORP.

CRD Number:

43036

### Tell us about the individual about whom you have a tip

Type the individual's name or CRD Number below. If that individual is registered with FINRA, you will be able to look him or her up from [brokercheck.finra.org](https://brokercheck.finra.org). If you do not see the individual's name or CRD Number in [brokercheck.finra.org](https://brokercheck.finra.org), please enter the name in the boxes below.

Last Name:

LUDWIG

First Name:

TERRANCE

Middle Name:

MICHAEL

Individual CRD Number:

3231040

Street

ONE STATE FARM PLAZA

Apt/Suite/Bldg

City

BLOOMINGTON

Country

United States

State

ILLINOIS

Postal Code

Country code

1

Area code

800

Phone Number

4470740

### Tell us about yourself

All the information will be treated in confidence to the fullest extent possible. However, FINRA cannot guarantee that during the course of a related investigation or possible prosecution of the matter the source of the tip will not become known. Unless you provide an email address or a mailing address or a telephone number, checking 'Yes' will prevent us from following up with you to gather additional details.

Do you wish to make an anonymous tip? \*

No

Yes - I wish to make an anonymous tip.

## Your Contact Information

What is the best way to contact you should we have additional questions to better understand your complaint or gather more information?

First name *	BARIS	Last name *	DINCER
Street Address	65 prospect avenue		
City	hewlett		
State	NEW YORK		
ZIP Code	11557		
Country	United States		
Email	MS60710444266@YAHOO.COM		
Phone Type *	Mobile	Phone Number *	6462563609

Please select the age range that corresponds to you: \*

18-39
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