

Filing ID: 6076472 (Please retain this number for further inquiries regarding this form)

**Submitted Date:** Tue Apr 12 20:36:43 EDT 2022

### **FINRA Regulatory Tip Form**

3	
All fields marked wi	rith * are mandatory.
Tell us about you	ır Tip
Security Name ST	TATE FARM INVESTMENT MANAGEMENT 3487 Security Symbol 3487
Security Type Mutu	ual Fund
Date and/or Period	of Activity
From Date * (MM/DE	D/YYYY)
11/16/2021	Activity is ongoing
Type of miscondu	uct or violation
What type of violation	ion(s) are you Reporting?
Primary Violation *	CRD disclosure
Amount in Dispute	912,500

#### **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.).

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

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

Firm Name: *	
STATE FARM VP MANAGE	EMENT CORP.
CRD Number:	
43036	

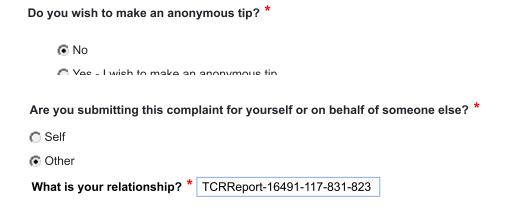
## Tell us about the individual about whom you have a tip

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. If you do not see the individual's name or CRD Number in brokercheck.finra.org, please enter the name in the boxes below.

Last Name:	First Name:	Middle Name:
LUDWIG	TERRENCE	MICHAEL
Individual CRD Number:	2004555	
Street ONE STATE FARM PLA	ZA Apt/Suite/Bldg	
<b>City</b> BLOOMINGTON		
Country United States		
State ILLINOIS		
Postal Code 61710		
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.



# **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			
<b>City</b> hewlett			
State NEW YORK			
<b>ZIP Code</b> 11557			
Country United States			
Email ms60710444266@yahoo.com			
Phone Type * Mobile	Phone Num	hber * 6462563609	

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