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**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

All fields marked with \* are mandatory.

### Tell us about your Tip

**Security Name** STATE FARM INVESTMENT MANAGEMENT 3487

**Security Symbol** 3487

**Security Type** Mutual Fund

**Date and/or Period of Activity**

**From Date \*** (MM/DD/YYYY)

11/16/2021

Activity is ongoing

### Type of misconduct or violation

**What type of violation(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 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:

TERRENCE

Middle Name:

MICHAEL

Individual CRD Number:

2004555

Street ONE STATE FARM PLAZA

Apt/Suite/Bldg

City 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.

Do you wish to make an anonymous tip? \*

No

Yes - I wish to make an anonymous tip

Are you submitting this complaint for yourself or on behalf of someone else? \*

Self

Other

What is your relationship? \* TCRReport-16491-117-831-823

## 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: \*