

SECURITIES AND EXCHANGE COMMISSION

FORM NSAR-U

Annual report for unit investment trusts filed on Form N-SAR

Filing Date: **2003-02-10** | Period of Report: **2002-12-31**  
SEC Accession No. **0000926274-03-000036**

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FILER

**STATE FARM LIFE INSURANCE CO VARIABLE ANNUITY  
SEPARATE ACT**

Mailing Address	Business Address
ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001	ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001 3097660886

CIK: **1027859** | State of Incorp.: **IL** | Fiscal Year End: **1231**  
Type: **NSAR-U** | Act: **40** | File No.: **811-08001** | Film No.: **03546948**

FORM N-SAR  
SEMI-ANNUAL REPORT  
FOR REGISTERED INVESTMENT COMPANIES

Report for six month period ending:     /     /                             (a)  
  or fiscal year ending: 12/31/2002                     (b)

Is this a transition report? (Y/N): N

Is this an amendment to a previous filing? (Y/N): N

Those items or sub-items with a box "[/]" after the item number should be completed only if the answer has changed from the previous filing on this form.

1. A. Registrant Name: State Farm Life Insurance Company Variable Annuity  
  Separate Account  
  
    B. File Number: 811-08001  
  
    C. Telephone Number: (800) 447-0740
  
2. A. Street: One State Farm Plaza  
  
    B. City: Bloomington           C. State: IL    D. Zip Code: 61710   Zip Ext: 0001  
  
    E. Foreign County: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_
  
3. Is this the first filing on this form by Registrant? (Y/N) N
  
4. Is this the last filing on this form by Registrant? (Y/N) N
  
5. Is Registrant a small business investment company (SBIC)? (Y/N) N  
    [If answer is "Y" (Yes), complete only items 89 through 110.]
  
6. Is Registrant a unit investment trust (UIT)? (Y/N) Y  
    [If answer is "Y" (Yes), complete only items 111 through 132.]
  
7. A. Is Registrant a series or multiple portfolio company? (Y/N) \_\_\_\_\_  
    [If answer is "N" (No), go to item 8.]  
  
    B. How many separate series or portfolios did Registrant have at  
        the end of the period? \_\_\_\_\_

UNIT INVESTMENT TRUSTS

111. A. [ / ] Depositor Name: State Farm Life Insurance Company  
B. [ / ] File Number (If any): \_\_\_\_\_  
C. [ / ] City: Bloomington State: IL Zip Code: 61710 Zip Ext.:0001  
[ / ] Foreign Country: \_\_\_\_\_ Foreign Postal Code:\_\_\_\_\_

111. A. [ / ] Depositor Name: \_\_\_\_\_  
B. [ / ] File Number (If any): \_\_\_\_\_  
C. [ / ] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.:\_\_\_\_  
[ / ] Foreign Country: \_\_\_\_\_ Foreign Postal Code:\_\_\_\_\_

112. A. [ / ] Sponsor Name: \_\_\_\_\_  
B. [ / ] File Number (If any): \_\_\_\_\_  
C. [ / ] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.:\_\_\_\_  
[ / ] Foreign Country: \_\_\_\_\_ Foreign Postal Code:\_\_\_\_\_

112. A. [ / ] Sponsor Name: \_\_\_\_\_  
B. [ / ] File Number (If any): \_\_\_\_\_  
C. [ / ] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.:\_\_\_\_  
[ / ] Foreign Country: \_\_\_\_\_ Foreign Postal Code:\_\_\_\_\_

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113. A. [ / ] Trustee Name: \_\_\_\_\_  
B. [ / ] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.:\_\_\_\_

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

113. A. [/] Trustee Name: \_\_\_\_\_

B. [/] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

114. A. [/] Principal Underwriter Name: State Farm VP Management Corp.

B. [/] File Number: 8 - 50128

C. [/] City: Bloomington State: IL Zip Code: 61710 Zip Ext.:0001

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

114. A. [/] Principal Underwriter Name: \_\_\_\_\_

B. [/] File Number: 8 - \_\_\_\_\_

C. [/] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

115. A. [/] Independent Public Accountant Name: PriceWaterhouseCoopers LLP

B. [/] City: Chicago State: IL Zip Code: 60606 Zip Ext.: \_\_\_\_\_

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

115. A. [/] Independent Public Accountant Name: \_\_\_\_\_

B. [/] City: \_\_\_\_\_ State: \_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[/] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

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116. Family of investment companies information:

A. [/] Is Registrant part of a family of investment companies? (Y/N) Y

B. [/] Identify the family in 10 letters: SFVARIABLE

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(NOTE: In filing this form, use this identification consistently for all investment companies in family. This designation is for purposes of this form only.)

117. A.  Is Registrant a separate account of an insurance company?  
(Y/N) Y

If answer is "Y" (Yes), are any of the following types of contracts funded by the Registrant?:

B.  Variable annuity contracts? (Y/N) Y

C.  Scheduled premium variable life contracts? (Y/N) N

D.  Flexible premium variable life contracts? (Y/N) N

E.  Other types of insurance products registered under the Securities Act of 1933? (Y/N) N

118.  State the number of series existing at the end of the period that had securities registered under the Securities Act of 1933 1

119.  State the number of new series for which registration statements under the Securities Act of 1933 became effective during the period 0

120.  State the total value of the portfolio securities on the date of deposit for the new series included in item 119 (\$000's omitted) \$ 0

121.  State the number of series for which a current prospectus was in existence at the end of the period 1

122.  State the number of existing series for which additional units were registered under the Securities Act of 1933 during the current period 1

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123.  State the total value of the additional units considered in answering item 122 (\$000's omitted) \$ 0

124.  State the total value of units of prior series that were

placed in the portfolios of subsequent series during the current period (the value of these units is to be measured on the date they were placed in the subsequent series) (\$000's omitted) \$ 0

125. [ / ] State the total dollar amount of sales loads collected (before reallowances to other brokers or dealers) by Registrant's principal underwriter and any underwriter which is an affiliated person of the principal underwriter during the current period solely from the sale of units of all series of Registrant (\$000's omitted) \$ 3,810

126. Of the amount shown in item 125, state the total dollar amount of sales loads collected from secondary market operations in Registrant's units (include the sales loads, if any, collected on units of a prior series placed in the portfolio of a subsequent series.) (\$000's omitted) \$ 0

127. List opposite the appropriate description below the number of series whose portfolios are invested primarily (based upon a percentage of NAV) in each type of security shown, the aggregate total assets at market value as of a date at or near the end of the current period of each such group of series and the total income distributions made by each such group of series during the current period (excluding distributions of realized gains, if any):

	Number of Series Investing -----	Total Assets (\$000's omitted) -----	Total Income Distributions (\$000's omitted) -----
U.S. Treasury direct issue	_____	\$ _____	\$ _____
U.S. Government agency	_____	\$ _____	\$ _____
State and municipal tax-free	_____	\$ _____	\$ _____
Public utility debt	_____	\$ _____	\$ _____
Brokers or dealers debt or debt of brokers' or dealers' parent	_____	\$ _____	\$ _____
All other corporate intermed. & long-term debt	_____	\$ _____	\$ _____
All other corporate short-term debt	_____	\$ _____	\$ _____
Equity securities of brokers or dealers or parents of brokers or dealers	_____	\$ _____	\$ _____

Investment company equity securities	_____	\$ _____	\$ _____
All other equity securities	1	\$ 550,379	\$ 0
Other securities	_____	\$ _____	\$ _____
Total assets of all series of Registrant	1	\$ 550,379	\$ 0

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If filing more than one  
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128. [/] Is the timely payment of principal and interest on any of the portfolio securities held by any of Registrant's series at the end of the current period insured or guaranteed by an entity other than the issuer? (Y/N) N

[If answer is "N" (No), go to item 131.]

129. [/] Is the issuer of any instrument covered in item 128 delinquent or in default as to payment of principal or interest at the end of the current period? (Y/N) \_\_\_\_\_

[If answer is "N" (No), go to item 131.]

130. [/] In computations of NAV or offering price per unit, is any part of the value attributed to instruments identified in item 129 derived from insurance or guarantees? (Y/N) \_\_\_\_\_

131. Total expenses incurred by all series of Registrant during the current reporting period (\$000's omitted) \$ 15

132. [/] List the "811" (Investment Company Act of 1940) registration number for all Series of Registrant that are being included in this filing:

811-08001	811-_____	811-_____	811-_____	811-_____
811-_____	811-_____	811-_____	811-_____	811-_____
811-_____	811-_____	811-_____	811-_____	811-_____
811-_____	811-_____	811-_____	811-_____	811-_____
811-_____	811-_____	811-_____	811-_____	811-_____

811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_  
811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_  
811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_  
811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_ 811-\_\_\_\_

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This report is signed on behalf of the registrant in the City of Bloomington and State of Illinois on the ---- day of February, 2003.

State Farm Life Insurance Company Variable Annuity Separate Account

By: /s/ Dale R. Egeberg

By: /s/ David Moore

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Dale R. Egeberg  
Vice President and Controller

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David Moore