**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**

**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Morton**

Secretary of State

**DIVISION OF CORPORATIONS**

**DOCUMENT # 804249**

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**

**1. Corporate Name**

**2. Principal Place of Business**

- **Name:** C/O JAMES N SMITH
- **Address:** 800 BAYMEADOWS WAY
- **City:** JACKSONVILLE
- **State:** FL
- **Zip:** 32256-7521

**3a. Date Incorporation Qu: 03/29/1922**

**3b. Date Last Report:** 04/17/1996

**4. FEI Number:** 37-0533100

**5. Certificate of Status Desired:**

- **Applied For:**
  - **Not Application**
  - **$8.75 Additional Fee Required**

**6. Election Campaign Financing:**

- **Trust Fund Contribution:**
  - **$5,000 May Be Added to Fees**

**7. This Corporation has liability for intangible tax under s 190.032:**

- **Florida Statutes:**
  - **Yes**
  - **No**

**8. Name and Address of Current Registered Agent**

- **Name:** THE INSURANCE COMMISSIONER OF FLORIDA
- **Address:** CAPITAL BUILDING TALLAHASSEE FL 32309
- **City:** FL
- **State:** FL
- **Zip:** 32309

**9. Name and Address of New Registered Agent**

- **Name:** Wright, Charles R.
- **Address:** One State Farm Plaza Bloomington, IL 61710
- **City:** Bloomington
- **State:** IL
- **Zip:** 61710

**10. Name and Address of New Registered Agent**

- **Name:** Wright, Charles R.
- **Address:** One State Farm Plaza Bloomington, IL 61710
- **City:** Bloomington
- **State:** IL
- **Zip:** 61710

**11. Pursuant to the provisions of Sections 607.1099 and 607.1098, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The corporation has liability for intangible tax under Section 190.032, Florida Statutes.**

**12. Officers and Directors**

<table>
<thead>
<tr>
<th>TITLE</th>
<th>VD</th>
<th>Wright, Charles R.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>SULLIVAN, LAURA P</td>
<td>One State Farm Plaza</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>ONE STATE FARM PLAZA</td>
<td>BLOOMINGTON IL</td>
</tr>
<tr>
<td>CITY-STATE-ZIP</td>
<td>800 BAYMEADOWS WAY</td>
<td>JACKSONVILLE, FL 32256-7521</td>
</tr>
<tr>
<td>TITLE</td>
<td>VD</td>
<td>Wright, Charles R.</td>
</tr>
<tr>
<td>NAME</td>
<td>RUST, EDWARD B., JR.</td>
<td>One State Farm Plaza</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
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<tr>
<td>TITLE</td>
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</tr>
<tr>
<td>NAME</td>
<td>JOSLIN, ROGER S</td>
<td>One State Farm Plaza</td>
</tr>
<tr>
<td>STREET ADDRESS</td>
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</table>

**13. Additions/Changes to Officers and Directors in 12**

<table>
<thead>
<tr>
<th>DELETE</th>
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<td>VD</td>
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</tr>
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</table>

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver of trust empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**Signature:**

**Vice President-Counsel and Secretary**

**4/23/97**

**(309) 766-2311**

**FILED**

May 01 1997 8:00am

Secretary of State