# 2000 Uniform Business Report (UBR)

## 1. Entity Name
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

## 2. Principal Place of Business
ONE STATE FARM PLAZA
BLOOMINGTON IL 61710-0001
US

## 3. Mailing Address
ONE STATE FARM PLAZA
BLOOMINGTON IL 61710-0001
US

## 4. FEI Number
37-0533100

## 5. Certificate of Status Desired
\[ \square \] $8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent
THE INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32399

## 7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is not Acceptable)
City
FL
Zip Code

## 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
\[ \square \]

## FILE NOW!!! FEE IS $150.00
After May 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

## 11. Officers and Directors

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>VD</td>
<td>WRIGHT, CHARLES R.</td>
<td>ONE STATE FARM PLAZA BLOOMINGTON IL</td>
<td></td>
</tr>
<tr>
<td>CPD</td>
<td>RUST, EDWARD B., JR.</td>
<td>ONE STATE FARM PLAZA BLOOMINGTON IL</td>
<td></td>
</tr>
<tr>
<td>VTD</td>
<td>JOSLIN, ROGER S</td>
<td>ONE STATE FARM PLAZA BLOOMINGTON IL</td>
<td></td>
</tr>
<tr>
<td>VD</td>
<td>TROSTINO, VINCENT J.</td>
<td>ONE STATE FARM PLAZA BLOOMINGTON IL</td>
<td></td>
</tr>
<tr>
<td>VS</td>
<td>SULLIVAN, LAURA P</td>
<td>ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001</td>
<td></td>
</tr>
</tbody>
</table>

## 12. Additions/Changes to Officers and Directors in 11

<table>
<thead>
<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-ST-ZIP</th>
</tr>
</thead>
</table>

## 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**Signature:** Wilbert J. Trostino
**Vice Chairman and President:** 4/26/2000 (309) 766-2311