**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 804249**

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

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2. **Principal Place of Business**  

3. **Mailing Address**  

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4. **FEI Number**  

5. **Certificate of Status Desired**  

6. **Additional Fee Required**  

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

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

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9. **Signatures and Date**  

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10. **Election Campaign Financing Trust Fund Contribution**  

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11. **Officers and Directors**

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

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

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13. **Signature and Date**  
Laura P. Sullivan, Vice President,  
Secretary and Counsel - 04/23/2001 - (309) 766-2311

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**FILED**  
May 12, 2001 8:00 am  
Secretary of State

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**DO NOT WRITE IN THIS SPACE**

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**FILE NOW!!! FEE IS $150.00**

After MAY 1, 2001 Fee will be $550.00

Make Check Payable to Department of State

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**$5.00 May Be Added to Fees**

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**I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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 it 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.**

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**SIGNATURE:** (Handwritten Signature)