FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804249
1. Entity Name
State Farm Mutual Automobile Insurance Company

2. Principal Place of Business
One State Farm Plaza
3. Mailing Address
One State Farm Plaza, D42

City & State
Bloomington, IL

Zip 61710-0001

Country USA

4. FEI Number
37-0533100

5. Certificate of Status Desired
☐ $8.75 Additional Fee Required

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

7. Name and Address of Current Registered Agent
Name: Insurance Commissioner and Treasurer
Services Forwarded to: Jim Smith, Senior Vice President
Street Address (P.O. Box Number is Not Acceptable)
Capitol Building
City Tallahassee
FL Zip Code 32399

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) □

10. Election Campaign Financing
Trust Fund Contribution. □ $5.00 May Be Added to Fees

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>V/D</td>
<td>Wright, Charles R.</td>
<td>One State Farm Plaza</td>
<td>Bloomington, IL 61710-0001</td>
</tr>
<tr>
<td>C/D</td>
<td>Rust, Edward B., Jr.</td>
<td>One State Farm Plaza</td>
<td>Bloomington, IL 61710-0001</td>
</tr>
<tr>
<td>D</td>
<td>Joslin, Roger S.</td>
<td>One State Farm Plaza</td>
<td>Bloomington, IL 61710-0001</td>
</tr>
<tr>
<td>F/D</td>
<td>Trosino, Vincent J.</td>
<td>One State Farm Plaza</td>
<td>Bloomington, IL 61710-0001</td>
</tr>
<tr>
<td>V/S</td>
<td>Sullivan, Laura P.</td>
<td>One State Farm Plaza</td>
<td>Bloomington, IL 61710-0001</td>
</tr>
</tbody>
</table>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(o), 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 on an attachment with an address, with all other like empowered.

Laura P. Sullivan, Vice President,
Secretary and Counsel
4/30/2002 (309) 766-2311

SIGNATURE

Laura P. Sullivan, Vice President
Secretary and Counsel
4/30/2002 (309) 766-2311