

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006776

FILED
Apr 21, 2009
Secretary of State

Entity Name: SF RISK MANAGEMENT GROUP, LLC

Current Principal Place of Business:

C/O JAMES A. WRIGHT
ONE STATE FARM PLAZA, #B-3
BLOOMINGTON, IL 61701

New Principal Place of Business:

C/O CHARLES M. FEINEN
ONE STATE FARM PLAZA, #A-3
BLOOMINGTON, IL 61710

Current Mailing Address:

C/O JAMES A. WRIGHT
ONE STATE FARM PLAZA, #B-3
BLOOMINGTON, IL 61701

New Mailing Address:

C/O CHARLES M. FEINEN
ONE STATE FARM PLAZA, #A-3
BLOOMINGTON, IL 61710

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STATE FARM MUTUAL AUTO INSURANCE CO.
Address: ONE STATE FARM PLAZA, #B3
City-St-Zip: BLOOMINGTON, IL 61701

Title: MGR () Delete
Name: HINTZ, JOHN W
Address: ONE STATE FARM PLAZA, #B3
City-St-Zip: BLOOMINGTON, IL 61701

Title: MGR () Delete
Name: WRIGHT, JAMES A
Address: ONE STATE FARM PLAZA, #B3
City-St-Zip: BLOOMINGTON, IL 61701

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STATE FARM MUTUAL AUTO INSURANCE CO.
Address: ONE STATE FARM PLAZA, #A-3
City-St-Zip: BLOOMINGTON, IL 61710

Title: MGR (X) Change () Addition
Name: FEINEN, CHARLES M
Address: ONE STATE FARM PLAZA, #A-3
City-St-Zip: BLOOMINGTON, IL 61710

Title: MGR (X) Change () Addition
Name: FLUKER, RON
Address: ONE STATE FARM PLAZA, #A-3
City-St-Zip: BLOOMINGTON, IL 61710

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES M. FEINEN

MGR

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date