2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# M07000006776

Entity Name: SF RISK MANAGEMENT GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

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: MGRM
Name: STATE FARM MUTUAL AUTO INSURANCE CO.
Address: ONE STATE FARM PLAZA, A-3
City-St-Zip: BLOOMINGTON, IL 61710

Title: MGR
Name: FEINEN, CHARLES M
Address: ONE STATE FARM PLAZA, A-3
City-St-Zip: BLOOMINGTON, IL 61710

Title: MGR
Name: FLUKER, RON
Address: ONE STATE FARM PLAZA, E-11
City-St-Zip: BLOOMINGTON, IL 61710

I hereby 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 Statues.

SIGNATURE: CHARLES M FEINEN MGR 04/25/2011

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