

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006776

FILED
Apr 30, 2012
Secretary of State

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:

ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001 US

Current Mailing Address:

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

New Mailing Address:

ONE STATE FARM PLAZA
A-3
BLOOMINGTON, IL 617100001 US

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 617100001 US

Title: MGR
Name: FEINEN, CHARLES M
Address: ONE STATE FARM PLAZA, A-3
City-St-Zip: BLOOMINGTON, IL 617100001 US

Title: MGR
Name: FLUKER, RONNIE C
Address: ONE STATE FARM PLAZA, E-11
City-St-Zip: BLOOMINGTON, IL 617100001 US

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 Statutes.

SIGNATURE: CHARLES M. FEINEN

MGR

04/30/2012

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