

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006776

Entity Name: SF RISK MANAGEMENT GROUP, LLC

Current Principal Place of Business:

ONE STATE FARM PLAZA, A-3
BLOOMINGTON, IL 61710-0001

Current Mailing Address:

ONE STATE FARM PLAZA
A-3
BLOOMINGTON, IL 61710-0001 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Authorized Person(s) Detail :

Title MGRM
Name STATE FARM MUTUAL AUTO
INSURANCE CO.
Address ONE STATE FARM PLAZA, A-3
City-State-Zip: BLOOMINGTON IL 61710-0001

Title MGR
Name FEINEN, CHARLES M
Address ONE STATE FARM PLAZA, A-3
City-State-Zip: BLOOMINGTON IL 61710-0001

Title MGR
Name HEIDRICH, KEN
Address ONE STATE FARM PLAZA, C-3
City-State-Zip: BLOOMINGTON IL 61710-0001

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES M. FEINEN

SECRETARY

02/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date