**Entity Name:** STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

**Current Principal Place of Business:**
ONE STATE FARM PLAZA D2
BLOOMINGTON, IL 617100001

**Current Mailing Address:**
ONE STATE FARM PLAZA
D2
BLOOMINGTON, IL 617100001 US

**FEI Number:** 37-0533100
**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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:**

<table>
<thead>
<tr>
<th>Officer/Director Detail</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip:</th>
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<td>AST</td>
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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 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TONI M. BROWN

**ASSISTANT SECRETARY-TREASURER:**

04/30/2014