

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:40

DOCUMENT # 804249 (1)
1. Corporation Name
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Principal Place of Business Mailing Address
**C/O JAMES N SMITH
8001 BAYMEADOWS WAY
JACKSONVILLE FL 32256-7521** **C/O JAMES N SMITH
8001 BAYMEADOWS WAY
JACKSONVILLE FL 32256-7521**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
03/29/1922 **04/29/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		37-0533100		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32399				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LAURA P	1.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON IL	1.4 CITY - ST - ZIP	
TITLE	CPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST, EDWARD B., JR.	2.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	2.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON IL	2.4 CITY - ST - ZIP	
TITLE	VTD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSLIN, ROGER S	3.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	3.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON IL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSINO, VINCENT J.	4.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON IL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, KURT G	5.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON IL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIBBET, JOHN E.	6.2 NAME	
STREET ADDRESS	23 SHERWIN CIRCLE	6.3 STREET ADDRESS	D GRAMM, WENDY LEE
CITY - ST - ZIP	URBANA IL	6.4 CITY - ST - ZIP	4201 Yuma St., NW Washington, D. C.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura P. Sullivan* Date: 4/3/95 Telephone: (309) 766-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

804249

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

<u>Name of Officers and Directors</u>	<u>Title</u>	<u>Street Address</u>	<u>City and State</u>
7. Eckley, Robert S.	D	20 Walker Drive	Bloomington, IL
8. Galvin, Charles O.	D	4240 Twin Post Rd.	Dallas, TX
9. Jaedicke, Robert K.	D	Graduate School of Business Stanford University	Stanford, CA
10. Marshall, Burke	D	Yale Law School	New Haven, CT
11. Merriman, Hanne M.	D	Hanne Merriman Assoc. Retail Consultants 655 15th St. N.W.-S.W.300	Washington, D.C.
12. Partee, John Charles	D	P. O. Box 523136	Marathon Shores, FL
13. Perry George L.	D	Brookings Institution 1775 Mass., N.W.	Washington, D.C.
14. Tarr, Curtis William	D	5299 Fairfield North	Dunwoodie, GA
15. Wright, Charles Richard	D	One state Farm Plaza	Bloomington, IL

804249

State Farm Insurance Companies



April 3, 1995

Corporate Headquarters
One State Farm Plaza
Bloomington, Illinois 61710-0001

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, FL 32302-1500

Ladies and Gentlemen:

Enclosed please find the 1995 Corporation Annual Report as completed by State Farm Mutual Automobile Insurance Company of Bloomington, Illinois. Also enclosed is our check number 1 00 433337 A in the amount of \$200.00 for the filing fee.

If you have any questions, please contact the undersigned.

Very truly yours,

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

A handwritten signature in cursive script that reads "Kristy Stapleton".

Kristy Stapleton
Director - Financial Statements

KS:mt

Enclosures