

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **03/29/1922** 3a. Date of Last Report: **04/11/1995**
4. FET Number: **37-0533100** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)
City & State (23) City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**THE INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0802 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LAURA P	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	RUST, EDWARD B., JR.	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JOSLIN, ROGER S	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TROSINO, VINCENT J.	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MOSER, KURT G	
STREET ADDRESS	ONE STATE FARM PLAZA	
CITY-ST-ZIP	BLOOMINGTON IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAMM, WENDY LEE	
STREET ADDRESS	4201 YUMA ST. NW	
CITY-ST-ZIP	WASHINGTON DC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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 the receiver 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* Vice President-Counsel and Secretary 4/12/96 (309) 766-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CR2E034 (12/95)