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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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, 6001 BAYMEADOWS WAY, JACKSONVILLE FL 32256-7521**

Mailing Address: **C/O JAMES N SMITH, 6001 BAYMEADOWS WAY, JACKSONVILLE FL 32256-7521**

3. Date Incorporated or Qualified: **03/29/1922**
 3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **37-0533100**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85)

11. Pursuant to the provisions of Sections 607.0102 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: _____ (NOTE: Registered Agent signature required when reinstating) 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 checked="" 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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wright, Charles R.
1.3 STREET ADDRESS	One State Farm Plaza
1.4 CITY-ST-ZIP	Bloomington, IL 61710
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* Vice President-Counsel and Secretary 4/23/97 (309) 766-2311

CR2E034 (9/96)