

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0558626

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804249

1. Corporation Name
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY



Principal Place of Business
**ONE STATE FARM PLAZA
8001 BAYMEADOWS WAY
BLOOMINGTON IL 61710-0001
US**

Mailing Address
**ONE STATE FARM PLAZA
8001 BAYMEADOWS WAY
BLOOMINGTON IL 61710-0001
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
03/29/1922

4. FEI 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 owes the current year Intangible Personal Property Tax. 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 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CHARLES R.	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 <input type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input checked="" 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	VS <input type="checkbox"/> DELETE	5.1 TITLE	VSC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, LAURA P	5.2 NAME	
STREET ADDRESS	ONE STATE FARM PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMINGTON IL 61710-0001	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Laura P. Sullivan* **Rand, Counsel** **Secretary** **4/23/99** **309/766-2311**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Laura P. Sullivan** Date Daytime Phone #

CR2E034 (11/98)