

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 010 ***150.00

DOCUMENT # 804249

1. Entity Name
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

| | |
|---|---|
| Principal Place of Business ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001 US | Mailing Address ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 37-0533100 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32399 | | | | 7. Name and Address of New Registered Agent | | | |
| Name | | | | Name | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| City | | | | FL | | Zip Code | |

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

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|--|---------------------------------|---|------|--|
| TITLE VD | NAME WRIGHT, CHARLES R. | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS ONE STATE FARM PLAZA | CITY-ST-ZIP BLOOMINGTON IL | | STREET ADDRESS | | |
| TITLE CPD | NAME RUST, EDWARD B., JR. | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS ONE STATE FARM PLAZA | CITY-ST-ZIP BLOOMINGTON IL | | STREET ADDRESS | | |
| TITLE VTD | NAME JOSLIN, ROGER S | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS ONE STATE FARM PLAZA | CITY-ST-ZIP BLOOMINGTON IL | | STREET ADDRESS | | |
| TITLE VD | NAME TROSINO, VINCENT J. | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS ONE STATE FARM PLAZA | CITY-ST-ZIP BLOOMINGTON IL | | STREET ADDRESS | | |
| TITLE VS | NAME SULLIVAN, LAURA P | <input type="checkbox"/> Delete | TITLE | NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS ONE STATE FARM PLAZA | CITY-ST-ZIP BLOOMINGTON IL 61710-0001 | | STREET ADDRESS | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Vincent J. Trosino* Vice Chairman and President
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Vincent J. Trosino
 Date: 4/26/2000 Daytime Phone #: (309) 766-2311

CR2E034 (9/99)