

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90018 015 ***150.00

UBR00402

DOCUMENT # 804249

1. Entity Name
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Principal Place of Business ONE STATE FARM PLAZA BLOOMINGTON IL 61710-001 US	Mailing Address ONE STATE FARM PLAZA BLOOMINGTON IL 61710-001 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **37-0533100** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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
Street Address (P.O. Box Number is Not Acceptable)
City
State 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
VD	WRIGHT, CHARLES R.		
	ONE STATE FARM PLAZA		
	BLOOMINGTON IL		
CD	RUST, EDWARD B., JR.		
	ONE STATE FARM PLAZA		
	BLOOMINGTON IL		
VTD	JOSLIN, ROGER S		
	ONE STATE FARM PLAZA		
	BLOOMINGTON IL		
PD	TROSINO, VINCENT J.		
	ONE STATE FARM PLAZA		
	BLOOMINGTON IL		
VS	SULLIVAN, LAURA P		
	ONE STATE FARM PLAZA		
	BLOOMINGTON IL 61710-0001		

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: Laura P. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura P. Sullivan, Vice President,
 Secretary and Counselor 04/23/2001, (309) 2766-2311
Date Daytime Phone #

CR2E034 (10/00)