

05-21-2002 91168 003 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 804249

1. Entity Name

State Farm Mutual Automobile Insurance Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One State Farm Plaza

Suite, Apt. #, etc.

3. Mailing Address

One State Farm Plaza, D#2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bloomington, IL

City & State

Bloomington, IL

4. FEI Number

37-0533100

Applied For

Not Applicable

Zip

61710-0001

Country

USA

Zip

61710-0001

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Insurance Commissioner and Treasurer
 Services forwarded to: Jim Smith, Senior Vice President

Street Address (P.O. Box Number is Not Acceptable)
 Capitol Building

City
 Tallahassee

FL

Zip Code
 32399

**DO NOT WRITE
 IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBRs \$61.25
 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

TITLE	V/D
NAME	Wright, Charles R.
STREET ADDRESS	One State Farm Plaza
CITY-ST-ZIP	Bloomington, IL 61710-0001
TITLE	C/D
NAME	Rust, Edward B., Jr.
STREET ADDRESS	One State Farm Plaza
CITY-ST-ZIP	Bloomington, IL 61710-0001
TITLE	D
NAME	Joslin, Roger S.
STREET ADDRESS	One State Farm Plaza
CITY-ST-ZIP	Bloomington, IL 61710-0001
TITLE	P/D
NAME	Trosino, Vincent J.
STREET ADDRESS	One State Farm Plaza
CITY-ST-ZIP	Bloomington, IL 61710-0001
TITLE	V/S
NAME	Sullivan, Laura P.
STREET ADDRESS	One State Farm Plaza
CITY-ST-ZIP	Bloomington, IL 61710-0001
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Laura P. Sullivan*

Laura P. Sullivan, Vice President,
 Secretary and Counsel

4/30/2002

(309) 766-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)