

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90066 017 \*\*\*150.00



**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

03242004 Chg-P CR2E034 (10/03)

4. FEI Number  
**37-0533100**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, CHARLES R. ONE STATE FARM PLAZA BLOOMINGTON, IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUST, EDWARD B., JR. ONE STATE FARM PLAZA BLOOMINGTON, IL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROSINO, VINCENT J. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC SULLIVAN, LAURA P ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 Counsel **4/5/04** **(309) 766-2311**

Date Daytime Phone #