
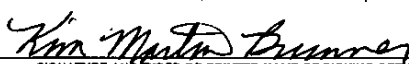


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 028 ***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		City & State Zip		Country	
4. FEI Number 37-0533100				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, CHARLES R. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D Wright, Charles R. One State Farm Plaza Bloomington, IL 61710-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUST, EDWARD B., JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROSINO, VINCENT J. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC SULLIVAN, LAURA P ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VS Brunner, Kim Martin One State Farm Plaza Bloomington, IL 61710-0001	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Kim Martin Brunner 4/22/05 (309) 766-2311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Executive Vice President		