


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90404 013 ***150.00

DOCUMENT # 804249 1. Entity Name STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	
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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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

04172006 Chg-P CR2E034 (11/05)

4. FEI Number 37-0533100	Applied For 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
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CHARLES R. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Claude Davidson One State Farm Plaza Bloomington, IL 61710-0001 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUST, EDWARD B., JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRUNNER, KIM M ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 M. Brunner Kim M. Brunner, Executive Vice President 4/21/2006 (309) 766-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 General Counsel and Secretary

ATTACHMENT 40058713
~~#804249~~

ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

TITLE: V CHANGE ADDITION
NAME: Boyden, Brian V.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Brown, Willie G.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Cowden, Barbara R.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Egeberg, Dale R.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Grant, Gary
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: King, William K., Jr.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Matthews, Roderick M.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: North, John W.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: V CHANGE ADDITION
NAME: Traskell, Deborah V.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

40058713

ATTACHMENT

#804249

**ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**

TITLE: D CHANGE ADDITION
NAME: Czarniecki, Gerald M.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: DeMuth, Christopher C.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Knight, William H., Jr.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Muhlberg, Judith A.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Phillips, Susan M.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Porras, Jerry I.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Rutrough, James E., Jr.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Stecko, Paul T.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION
NAME: Strobel, Pamela B.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

TITLE: D CHANGE ADDITION
NAME: Zeglis, John D.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001