
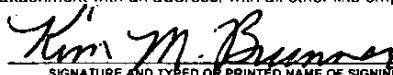


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D WRIGHT, CHARLES R. <input type="checkbox"/> Delete		TITLE	D Michael Claude Davidson <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONE STATE FARM PLAZA		NAME	One State Farm Plaza	
STREET ADDRESS	BLOOMINGTON, IL 617100001		STREET ADDRESS	Bloomington, IL 61710-0001	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CD RUST, EDWARD B., JR. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONE STATE FARM PLAZA		NAME		
STREET ADDRESS	BLOOMINGTON, IL 617100001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VT TIPSORD, MICHAEL L <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONE STATE FARM PLAZA		NAME		
STREET ADDRESS	BLOOMINGTON, IL 617100001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD TROSINO, VINCENT J. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONE STATE FARM PLAZA		NAME		
STREET ADDRESS	BLOOMINGTON, IL 617100001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VS BRUNNER, KIM M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ONE STATE FARM PLAZA		NAME		
STREET ADDRESS	BLOOMINGTON, IL 617100001		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, Executive Vice President 4/21/2006 (309) 766-2311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			General Counsel and Secretary		

ATTACHMENT 40058713
~~#804249~~

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

		CHANGE	ADDITION
TITLE:	V		
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		

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

TITLE: D CHANGE ADDITION
NAME: Czarnecki, 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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ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT
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		