


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90401 048 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-0533100	
Zip		Country		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 Chief Financial Officer Street Address (P.O. Box Number is Not Acceptable) Florida Department of Financial Services 200 E. Gaines Street City Tallahassee FL Zip Code 32399			
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, CHARLES R.		NAME		
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUST, EDWARD B., JR.		NAME	Rust, Edward B., Jr.	
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS	One State Farm Plaza	
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		CITY-ST-ZIP	Bloomington, IL 617100001	
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPSORD, MICHAEL L		NAME		
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSINO, VINCENT J.		NAME	Trosino, Vincent J.	
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS	One State Farm Plaza	
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		CITY-ST-ZIP	Bloomington, IL 617100001	
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNNER, KIM M		NAME		
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, MICHAEL C		NAME		
STREET ADDRESS	ONE STATE FARM PLAZA		STREET ADDRESS		
CITY-ST-ZIP	BLOOMINGTON, IL 617100001		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: <i>Kim M. Brunner</i>		Kim M. Brunner		4/20/2007 (309) 766-2311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Executive Vice President		Daytime Phone #	
General Counsel and Secretary					

ATTACHMENT
40088127
#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
NAME: Hood, Susan Q.
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

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

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

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