




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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 37-0533100	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 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 _____ <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, 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 NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, CHARLES R. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input checked="" 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	CD RUST, EDWARD B., JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDC Rust, Edward B., Jr. One State Farm Plaza Bloomington, IL 617100001	
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	D Trosino, Vincent J. One State Farm Plaza Bloomington, IL 617100001	
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	D DAVIDSON, MICHAEL C ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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 4/20/2007 (309) 766-2311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Executive Vice President</small> <small>General Counsel and Secretary</small>		

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	CHANGE	ADDITION
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
CITY/ST/ZIP: Bloomington, IL 61710-0001

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STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

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

CHANGE

ADDITION

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804249

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

CHANGE

ADDITION