

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90370 017 ***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**

40085760



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
One State Farm Plaza, D-2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State

City & State
Bloomington, IL

4. FEI Number
37-0533100

Applied For
Not Applicable

Zip

Country

Zip

61710-0001

Country

U.S.A

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
RUST, EDWARD B JR
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
TIPSORD, MICHAEL L
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TROSINO, VINCENT J.
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
BRUNNER, KIM M
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAVIDSON, MICHAEL C
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
TIPSORD, MICHAEL L.
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOYDEN, BRIAN V.
ONE STATE FARM PLAZA
BLOOMINGTON, IL 617100001** ☐ Change ☒ 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:

Dale R. Egeberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale R. Egeberg
Vice President &
Controller

4/21/2008

Date

(309) 766-2311

Daytime Phone #

ATTACHMENT

40085760

#804249

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

		CHANGE	ADDITION
TITLE:	V		
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:	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		

ATTACHMENT

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

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

CHANGE

ADDITION

40085760
804219

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION

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

CHANGE

ADDITION