


**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 #  
 Suite, Apt. #, etc.

3. Mailing Address  
**One State Farm Plaza, D-2**  
 Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State  
**Bloomington, IL**

Zip  
**61710-0001**

Country  
**U.S.A**

4. FEI Number  
**37-0533100**

Applied For  
 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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
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	D TROSINO, VINCENT J. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input checked="" type="checkbox"/> Delete
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	D DAVIDSON, MICHAEL C ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIPSORD, MICHAEL L. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOYDEN, BRIAN V. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001	<input type="checkbox"/> Change <input checked="" 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:** Dale R Egeberg Dale R. Egeberg 4/21/2008 (309) 766-2311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President & Controller Date Daytime Phone #

ATTACHMENT

40085760

#804249

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

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: 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