

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804249

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE STATE FARM PLAZA  
BLOOMINGTON, IL 61710001 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE STATE FARM PLAZA D-2  
BLOOMINGTON, IL 61710001 US

**New Mailing Address:**

**FEI Number:** 37-0533100      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PDC  
**Name:** RUST, EDWARD B JR  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

**Title:** TD  
**Name:** SMITH, PAUL J  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

**Title:** VS  
**Name:** BRUNNER, KIM M  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

**Title:** DVC  
**Name:** DAVIDSON, MICHAEL C  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

**Title:** V  
**Name:** EGEBERG, DALE R  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

**Title:** AST  
**Name:** MONSON, TRACI  
**Address:** ONE STATE FARM PLAZA  
**City-St-Zip:** BLOOMINGTON, IL 617100001

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TRACI MONSON

AST

04/29/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date