

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 804249

FILED  
Apr 18, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: S  
Name: YOWELL, LYNNE 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: JACQUOT, TAMARA  
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: TAMARA JACQUOT

AST

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date