

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90136 014 ***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**

11031487



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **37-0533100**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip
61710-0001

Country

Zip
61710-0001

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32399**

Name
Chief Financial Officer
Street Address (P.O. Box Number is Not Acceptable)
200 E. Gaines St.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$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	VD WRIGHT, CHARLES R. ONE STATE FARM PLAZA BLOOMINGTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wright, Charles R. One State Farm Plaza Bloomington, IL 61710-0001 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RUST, EDWARD B., JR. ONE STATE FARM PLAZA BLOOMINGTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Rust, Edward B., Jr. One State Farm Plaza Bloomington, IL 61710-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSLIN, ROGER S ONE STATE FARM PLAZA BLOOMINGTON IL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tipsord, Michael Leon One State Farm Plaza Bloomington, IL 61710-0001 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROSINO, VINCENT J. ONE STATE FARM PLAZA BLOOMINGTON IL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Trosino, Vincent J. One State Farm Plaza Bloomington, IL 61710-0001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SULLIVAN, LAURA P ONE STATE FARM PLAZA BLOOMINGTON IL 61710-0001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSC Sullivan, Laura P. One State Farm Plaza Bloomington, IL 61710-0001 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laura P. Sullivan* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura P. Sullivan, Vice President,
Secretary and Counsel
4/15/03 309/766-2311
Date Daytime Phone #

CR2E034 (10/02)