

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90274 029 ***150.00

DOCUMENT # 805353

1. Entity Name
STATE FARM FIRE AND CASUALTY COMPANY



Principal Place of Business
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710-0001 US

Mailing Address
ONE STATE FARM PLAZA
BLOOMINGTON, IL 61710-0001 US

14010522



04202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-0533080

Applied For

Not Applicable

Zip

Country

Zip

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

INSURANCE COMMISSIONER
C/O CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VD ☒ Delete
NAME WRIGHT, CHARLES R.
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

TITLE VD ☐ Delete
NAME BOYDEN, BRIAN V
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

TITLE VD ☐ Delete
NAME RUTROUGH, JAMES E JR.
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

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

TITLE VS ☒ Delete
NAME SULLIVAN, LAURA P
STREET ADDRESS ONE STATE FARM PLAZA
CITY-ST-ZIP BLOOMINGTON, IL 617100001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Change ☒ Addition
NAME Davidson, Michael C.
STREET ADDRESS One State Farm Plaza
CITY-ST-ZIP Bloomington, IL 61710-0001

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

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

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

TITLE VS ☐ Change ☒ Addition
NAME Brunner, Kim Martin
STREET ADDRESS One State Farm Plaza
CITY-ST-ZIP Bloomington, IL 61710-0001

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

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:

Kim Martin Brunner

Kim Martin Brunner

4/22/05

(309) 766-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #