

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90404 014 \*\*\*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**

**DO NOT WRITE IN THIS SPACE**



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>37-0533080</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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	VD DAVIDSON, MICHAEL C ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYDEN, BRIAN V ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUTROUGH, JAMES E JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC RUST, EDWARD B JR ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRUNNER, KIM M ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001
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**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kim M. Brunner*

Kim M. Brunner

4/21/2006

(309) 766-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Vice President

Date

Daytime Phone #

**ATTACHMENT**

40058712

#805353

**ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT  
STATE FARM FIRE AND CASUALTY COMPANY**

		CHANGE	ADDITION
TITLE:	D		
NAME:	Trosino, Vincent J.		
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:	Hays, David H.		
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:	Killian, John J.		
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		

40058712 ATTACHMENT #805353  
ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT  
STATE FARM FIRE AND CASUALTY COMPANY

TITLE: V CHANGE ADDITION  
NAME: Matthews, Roderick M.  
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

TITLE: D CHANGE ADDITION  
NAME: Knight, William H., Jr.  
ADDRESS: One State Farm Plaza  
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION  
NAME: North, John W.  
ADDRESS: One State Farm Plaza  
CITY/ST/ZIP: Bloomington, IL 61710-0001

TITLE: D CHANGE ADDITION  
NAME: Stecko, Paul T.  
ADDRESS: One State Farm Plaza  
CITY/ST/ZIP: Bloomington, IL 61710-0001