


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90401 049 ***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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40088126



04102007 Chg-P CR2E034 (12/06)

4. FEI Number 37-0533080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER C/O CHIEF FINANCIAL OFFICER 200 E. GAINES STREET TALLAHASSEE, FL 32399		7. Name and Address of New Registered Agent Name Chief Financial Officer Street Address (P.O. Box Number is Not Acceptable) Florida Department of Financial Services 200 E. Gaines Street City Tallahassee FL Zip Code 32399	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIDSON, MICHAEL C ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOYDEN, BRIAN V ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUTROUGH, JAMES E JR. ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC RUST, EDWARD B JR ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRUNNER, KIM M ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TIPSORD, MICHAEL L ONE STATE FARM PLAZA BLOOMINGTON, IL 617100001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Kim M. Brunner</u>	Kim M. Brunner	4/20/2007	(309) 766-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
Executive Vice President			
General Counsel and Secretary			

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

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	Egeberg, Dale R.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	Grant, Gary		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	Hays, David H.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	Hood, Susan Q.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	King, William K., Jr.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	V			
	NAME:	Matthews, Roderick M.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

	TITLE:		CHANGE	ADDITION
	D			
	NAME:	Czamecki, Gerald M.		
	ADDRESS:	One State Farm Plaza		
	CITY/ST/ZIP:	Bloomington, IL 61710-0001		

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

ATTACHMENT
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	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			