


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2005 90174 030 ***150.00

DOCUMENT # 805514 1. Entity Name STATE FARM LIFE INSURANCE COMPANY	
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Principal Place of Business % ROBIN R BECKWITH ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 US	Mailing Address % ROBIN R BECKWITH ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 US
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50044437



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 37-0533090		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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 _____ (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. <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	VS SULLIVAN, LAURA P ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Waring, Susan D One State Farm Plaza Bloomington, IL 61710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD RUST JR, EDWARD B ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <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 61710 <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	V EGEBERG, DALE R ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <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	VP ECKLEY, PAUL ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Davidson, Michael C One State Farm Plaza Bloomington, IL 61710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUNNER, KIM M ONE STATE FARM PLAZA BLOOMINGTON, IL 61710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <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 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: Dale R Egeberg **Dale R. Egeberg** **4/27/05** **(309) 766 - 2219**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHED

805574
5704437

STATE FARM LIFE INSURANCE COMPANY

NAMES OF OFFICERS AND DIRECTORS	TITLE	DIRECTOR (D)	STREET ADDRESS CITY & STATE
Vincent J. Trosino	Vice Chairman of the Board	D	One State Farm Plaza Bloomington, Illinois 61710
Nancy A. Behrens	Vice President		One State Farm Plaza Bloomington, Illinois 61710
Daniel J. Krause	Vice President		One State Farm Plaza Bloomington, Illinois 61710
Dean A. Van Loon	Vice President		One State Farm Plaza Bloomington, Illinois 61710
Barbara R. Cowden		D	One State Farm Plaza Bloomington, Illinois 61710
William H. Knight, Jr.		D	University of Washington School of Law 1100 NE Campus Parkway Seattle, WA 98105-6617
John W. North		D	One State Farm Plaza Bloomington, Illinois 61710
Susan M. Phillips		D	1200 N. Nash Ste. #550 Arlington, VA 22209
Jerry I. Porras		D	1091 Cathcart Way Stanford, CA 94305