
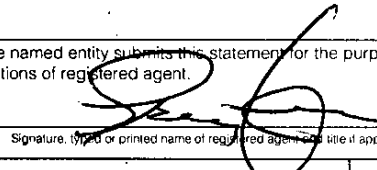
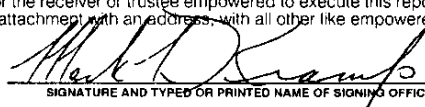


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90214 023 \*\*\*150.00

<b>DOCUMENT # 834095</b>					
1. Entity Name STATE FARM INTERNATIONAL SERVICES, INC.					
Principal Place of Business 2700 S. SUNLAND DRIVE TEMPE, AZ 85282-3387			Mailing Address 1 STATE FARM PLZ BLOOMINGTON, IL 61710 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 86-0210795	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIO, VINCENT J 3111 SOUTH CALHOUN STREET SUITE 206 TALLAHASSEE, FL 32301			Name Greg King		
			Street Address (P.O. Box Number is Not Acceptable) 7401 Cypress Gardens Boulevard		
			City Winter Haven <b>FL</b> Zip Code 33888-0001		
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: 		Greg King - Vice President Agency		4/26/07	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent Signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUST, EDWARD B.	NAME			
STREET ADDRESS	1 STATE FARM PLAZA	STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON, IL,	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIDSON, MICHAEL	NAME			
STREET ADDRESS	1 STATE FARM PLZ	STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON, IL 61710	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIPSORD, MICHAEL L	NAME			
STREET ADDRESS	1 STATE FARM PLAZA	STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON, IL	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OMMEN, STAN	NAME	Smith, Michael		
STREET ADDRESS	1 STATE FARM PLAZA	STREET ADDRESS	One State Farm Plaza		
CITY-ST-ZIP	BLOOMINGTON, IL	CITY-ST-ZIP	Bloomington, IL 61710-0001		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TROSINO, VINCENT	NAME			
STREET ADDRESS	1 STATE FARM PLAZA	STREET ADDRESS			
CITY-ST-ZIP	BLOOMINGTON, IL	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KILLIAN, JOHN J.	NAME	Kramp, Mark		
STREET ADDRESS	1 STATE FARM PLAZA	STREET ADDRESS	One State Farm Plaza		
CITY-ST-ZIP	BLOOMINGTON, IL	CITY-ST-ZIP	Bloomington, IL 61710-0001		
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: 				4/23/2007 (309) 766-3515	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	