


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90370 020 ***150.00

DOCUMENT # P98000101455	
1. Entity Name STATE FARM FLORIDA INSURANCE COMPANY	

Principal Place of Business 7401 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33888-0001	Mailing Address ONE STATE FARM PLAZA, D-2 BLOOMINGTON, IL 61710-0001
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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



04012008 Chg-P CR2E034 (12/06)

4. FEI Number 36-4261774	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 CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399	
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7. Name and Address of New Registered Agent	
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, 2008 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	VT TIPSORD, MICHAEL L 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	D HERBERT, ADAM W 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	PD FORMUSA, JOSEPH P 7401 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 338880001	<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	V GOMEZ, CHARLES R 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	D SULLIVAN, LAURA P 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

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: Dale R. Egeberg **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
SIGNATURE: Dale R. Egeberg **Vice President & Controller**
DATE: 4/21/2008 **DATE**
PHONE: (309) 766-2311 **DAYTIME PHONE #**

ATTACHMENT

40085757

P98000101455

ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT
STATE FARM FLORIDA COMPANY

TITLE: V
NAME: Cain, Richard C.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

TITLE: V
NAME: Carr, Barbara R.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

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

CHANGE ADDITION

TITLE: V
NAME: Herrin, Cheryl R.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

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

CHANGE ADDITION

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

CHANGE ADDITION

TITLE: V
NAME: Pechan, Kathleen M.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

TITLE: V
NAME: Roundtree, William W.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

TITLE: V
NAME: Wilson, Rickey K.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE ADDITION

ATTACHMENT

ATTACHMENT TO THE PROFIT CORPORATION ANNUAL REPORT
STATE FARM FLORIDA COMPANY

40085757

9800010455

TITLE: D
NAME: Boyden, Brian V.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE

ADDITION

TITLE: D
NAME: Arnold, Sandra F.
ADDRESS: One State Farm Plaza
CITY/ST/ZIP: Bloomington, IL 61710-0001

CHANGE

ADDITION