

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 7016

Amended Confirmation Number:

Employer Information

Name: State Farm Mutual Automobile Insurance Company
Address: One State Farm Plaza
City: Bloomington
State: IL
Zip Code: 61710

Plan Administrator Information

Name: Pension Administrative Committee
Address: One State Farm Plaza
City: Bloomington
State: IL
Zip Code: 61710
Phone: 3097350334
Email: rod.hoff.bk00@statefarm.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Agency Deputy Regional Vice President Voluntary Early Retirement Incentive Plan	Number of Employees: 3
ID:2	Plan Name:	State Farm Insurance Companies Voluntary Early Retirement Incentive Plan	Number of Employees: 122
ID:3	Plan Name:	State Farm Insurance Companies Performance Bonus Retirement Plan	Number of Employees: 13
ID:4	Plan Name:	State Farm Leadership (L7) Early Retirement Incentive and Severance Plan	Number of Employees: 19
ID:5	Plan Name:	State Farm Leadership (L5/L6) Early Retirement Incentive and Severance Plan	Number of Employees: 11
ID:6	Plan Name:	State Farm Insurance Companies Early Retirement Incentive Plan for United States Employees	Number of Employees: 53
ID:7	Plan Name:	State Farm Insurance Companies Long Term Incentive Supplemental Retirement Plan	Number of Employees: 3
ID:8	Plan Name:	Deferred Compensation Agreement	Number of Employees: 344
ID:9	Plan Name:	State Farm Insurance Companies Excess Benefit Plan	Number of Employees: 2336
ID:10	Plan Name:	State Farm Insurance Companies Executive Supplemental Plan	Number of Employees: 1230
ID:11	Plan Name:	State Farm Post-2020 Deferred Compensation Plan	Number of Employees: 800

Additional Information:

The employee count for the State Farm Post-2020 Deferred Compensation Plan is the number eligible to participant since this is a new plan effective 1/1/2021. All of the other plans listed are not new.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 7016. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.