

STATE FARM MUTUAL AUTOMOBILE INSURANCE CO
Form SC 13G/A
February 03, 2004

Schedule 13G/A

Page 1 of 12 Pages

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE 13G

Under the Securities Exchange Act of 1934
(Amendment No.)*

18

NUCOR CORPORATION

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

670346105

(Cusip Number)
12/31/2003

(Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

- Rule 13d-1(b)
 Rule 13d-1(c)
 Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not

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be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

Schedule 13G

Page 2 of 12 Pages

CUSIP No. 670346105

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Mutual Automobile Insurance Company 37-0533100

2. Check the appropriate box if a Member of a Group
(a)
(b)

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of Shares Beneficially Owned by Each Reporting Person With
5. Sole Voting Power: 5,409,200
6. Shared Voting Power: 0
7. Sole Dispositive Power: 5,409,200
8. Shared Dispositive Power: 20,256

9. Aggregate Amount Beneficially Owned by each Reporting Person: 5,429,456

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares:

11. Percent of Class Represented by Amount in Row 9: 6.93 %

12. Type of Reporting Person: IC

Schedule 13G

Page 3 of 12 Pages

CUSIP No. 670346105

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Life Insurance Company 37-0533090

2. Check the appropriate box if a Member of a Group
(a)
(b)

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of Shares Beneficially Owned by Each Reporting Person With
5. Sole Voting Power: 133,100
6. Shared Voting Power: 0
7. Sole Dispositive Power: 133,100
8. Shared Dispositive Power: 1,020

9. Aggregate Amount Beneficially Owned by each Reporting Person: 134,120

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10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.17 %

12. Type of Reporting Person: IC

Schedule 13G

Page _____ of _____ Pages
4 12

CUSIP No. ___670346105 _____

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Fire and Casualty Company 37-0533080

2. Check the appropriate box if a Member of a Group
(a) _____
(b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 700,000
Shares _____

Beneficially 6. Shared Voting Power: 0
Owned by _____

Each 7. Sole Dispositive Power: 700,000
Reporting _____

Person With 8. Shared Dispositive Power: 2,565

9. Aggregate Amount Beneficially Owned by each Reporting Person: 702,565

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.89 %

12. Type of Reporting Person: IC

Schedule 13G

Page _____ of _____ Pages
5 12

CUSIP No. ___670346105 _____

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Investment Management Corp.

2. Check the appropriate box if a Member of a Group
(a) _____
(b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Delaware

Number of 5. Sole Voting Power: 242,000
Shares _____

Beneficially 6. Shared Voting Power: 2,879
Owned by _____

Each 7. Sole Dispositive Power: 242,000
Reporting _____

Person With 8. Shared Dispositive Power: 2,879

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9. Aggregate Amount Beneficially Owned by each Reporting Person: 244,879

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.31 %

12. Type of Reporting Person: IA

Schedule 13G

Page _____ of _____ Pages
6 12

CUSIP No. ___670346105 _____

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Insurance Companies Employee Retirement Trust 36-6042145

2. Check the appropriate box if a Member of a Group
(a) _____
(b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 466,800
Shares _____

Beneficially 6. Shared Voting Power: 0
Owned by _____

Each 7. Sole Dispositive Power: 466,800
Reporting _____

Person With 8. Shared Dispositive Power: 2,090

9. Aggregate Amount Beneficially Owned by each Reporting Person: 468,890

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.59 %

12. Type of Reporting Person: EP

Schedule 13G

Page _____ of _____ Pages
7 12

CUSIP No. ___670346105 _____

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Insurance Companies Savings and Thrift Plan for U.S.
Employees 37-6091823

2. Check the appropriate box if a Member of a Group
(a) _____
(b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 544,200
Shares _____

Beneficially 6. Shared Voting Power: 0

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Owned by _____
Each 7. Sole Dispositive Power: 544,200
Reporting _____
Person With 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 544,200

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.69 %

12. Type of Reporting Person: EP

Schedule 13G Page _____ of _____ Pages
8 12

CUSIP No. ___670346105 _____

1. Name of Reporting Person and I.R.S. Identification No.:
State Farm Mutual Fund Trust

2. Check the appropriate box if a Member of a Group
(a) _____
(b) X

3. SEC USE ONLY:

4. Citizenship or Place of Organization:

Number of 5. Sole Voting Power: 23,200
Shares _____
Beneficially 6. Shared Voting Power: 0
Owned by _____
Each 7. Sole Dispositive Power: 23,200
Reporting _____
Person With 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 23,200

10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: _____

11. Percent of Class Represented by Amount in Row 9: 0.02 %

12. Type of Reporting Person: IV

Schedule 13G Page _____ of _____ Pages
9 12

Item 1(a) and (b). Name and Address of Issuer & Principal Executive Offices:

NUCOR CORPORATION
2100 REXFORD ROAD
CHARLOTTE, NC 28211

Item 2(a). Name of Person Filing: State Farm Mutual Automobile Insurance

Company and related entities; See Item 8
and Exhibit A

Item 2(b). Address of Principal Business Office: One State Farm Plaza

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Bloomington, IL 61710

Item 2(c). Citizenship: United States

Item 2(d) and (e). Title of Class of Securities and Cusip Number: See above.

Item 3. This Schedule is being filed, in accordance with 240.13d-1(b).

See Exhibit A attached.

Item 4(a). Amount Beneficially Owned: 7,547,310 shares

Item 4(b). Percent of Class: 9.64 percent pursuant to Rule 13d-3(d)(1).

Item 4(c). Number of shares as to which such person has:

- _____
(i) Sole Power to vote or to direct the vote: 7,518,500
(ii) Shared power to vote or to direct the vote: 2,879
(iii) Sole Power to dispose or to direct disposition of: 7,518,500
(iv) Shared Power to dispose or to direct disposition of: 28,810

Item 5. Ownership of Five Percent or less of a Class: Not Applicable.

Item 6. Ownership of More than Five Percent on Behalf of Another Person: N/A

Item 7. Identification and Classification of the Subsidiary Which Acquired
_____ the Security being Reported on by the Parent Holding Company: N/A

Item 8. Identification and Classification of Members of the Group:

See Exhibit A attached.

Item 9. Notice of Dissolution of Group: N/A

Schedule 13G

Page _____ of _____ Pages
10 12

Item 10. Certification. By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

Signature

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true,

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complete and correct.

01/21/2004	STATE FARM MUTUAL AUTOMOBILE
Date	INSURANCE COMPANY
	STATE FARM LIFE INSURANCE COMPANY
	STATE FARM FIRE AND CASUALTY COMPANY
STATE FARM INSURANCE COMPANIES EMPLOYEE RETIREMENT TRUST	STATE FARM INVESTMENT MANAGEMENT CORP.
STATE FARM INSURANCE COMPANIES SAVINGS AND THRIFT PLAN FOR U.S. EMPLOYEES	STATE FARM ASSOCIATES' FUNDS TRUST - STATE FARM GROWTH FUND
	STATE FARM ASSOCIATES' FUNDS TRUST - STATE FARM BALANCED FUND
	STATE FARM MUTUAL FUND TRUST
	STATE FARM VARIABLE PRODUCT TRUST

/s/ Paul N. Eckley

/s/ Paul N. Eckley

Paul N. Eckley, Fiduciary of
each of the above

Paul N. Eckley, Sr. Vice President
of each of the above

Schedule 13G

Page 11 of 12 Pages

EXHIBIT A

This Exhibit lists the entities affiliated with State Farm Mutual Automobile Insurance Company ("Auto Company") which might be deemed to constitute a "group" with regard to the ownership of shares reported herein.

Auto Company, an Illinois-domiciled insurance company, is the parent company of multiple wholly owned insurance company subsidiaries, including State Farm Life Insurance Company, State Farm Life and Accident Assurance Company, and State Farm Fire and Casualty Company. Auto Company is also the parent company of State Farm Investment Management Corp. ("SFIMC"), which is a registered transfer agent under the Securities Exchange Act of 1934 and a registered investment adviser under the Investment Advisers Act of 1940. SFIMC serves as transfer agent and investment adviser to State Farm Associates' Funds Trust, State Farm Variable Product Trust and State Farm Mutual Fund Trust, three Delaware Business Trusts that are registered investment companies under the Investment Company Act of 1940. Auto Company also sponsors two qualified retirement plans for the benefit of

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its employees, which plans are named the State Farm Insurance Companies Employee Retirement Trust and the State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees (collectively the "Qualified Plans").

As part of its corporate structure, Auto Company has established an Investment Department. The Investment Department is directly or indirectly responsible for managing or overseeing the management of the investment and reinvestment of assets owned by each person that has joined in filing this Schedule 13G. Moreover, the Investment Department is responsible for voting proxies or overseeing the voting of proxies related to issuers the shares of which are held by one or more entities that have joined in filing this report. Each insurance company included in this report and SFIMC have established an Investment Committee that oversees the activities of the Investment Department in managing the firm's assets. The Trustees of the Qualified Plans perform a similar role in overseeing the investment of each plan's assets.

Pursuant to Rule 13d-4 each person listed in the table below expressly disclaims "beneficial ownership" as to all shares as to which such person has no right to receive the proceeds of sale of the security and disclaims that it is part of a "group".

Schedule 13G

Page of Pages
 12 12

Name	Classification Under Item 3	Number of Shares based on Proceeds of Sale
State Farm Mutual Automobile Insurance Company	IC	5,429,456 shares
State Farm Life Insurance Company	IC	134,120 shares
State Farm Life and Accident Assurance Company	IC	0 shares
State Farm Fire and Casualty Company	IC	702,565 shares
State Farm Investment Management Corp.	IA	0 shares
State Farm Associates' Funds Trust - State Farm Growth Fund	IV	132,800 shares
State Farm Associates' Funds Trust - State Farm Balanced Fund	IV	109,200 shares
State Farm Variable Product Trust	IV	2,879 shares
State Farm Insurance Companies Employee Retirement Trust	EP	468,890 shares
State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees Equities Account	EP	436,100 shares
Balanced Account		108,100 shares
State Farm Mutual Fund Trust	IV	23,200 shares
		----- 7,547,310 shares