**VULCAN MATERIALS CO** Form SC 13G/A February 14, 2007

Schedule 13G

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

SCHEDULE 13G

Under the Securities Exchange Act of 1934 (Amendment No. \_\_\_\_) \* 27

	VULCAN MATERIALS COMPANY
	(Name of Issuer)
	COMMON SHARES
	(Title of Class of Securities)
	929160109
	(Cusip Number) 12/31/2006
(Date	e of Event Which Requires Filing of this Statement)

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

[X] 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 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 \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 11 CUSIP No. \_\_\_\_929160109 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) \_\_\_X\_\_ 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinois Number of 5. Sole Voting Power: 8,373,600 Shares Beneficially 6. Shared Voting Power: 26,198 7. Sole Dispositive Power: 8,373,600 Each Reporting Person With 8. Shared Dispositive Power: 26,198 9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,399,798 10. Check Box if the Aggregate Amount in Row 9 excludes Certain Shares: \_\_\_\_\_ 11. Percent of Class Represented by Amount in Row 9: 8.89 % 12. Type of Reporting Person: IC Schedule 13G Page \_\_\_\_ of \_\_\_ Pages \_\_\_\_ 11 CUSIP No. 929160109 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) \_\_X\_\_ 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinois Number of 5. Sole Voting Power: 0 Beneficially 6. Shared Voting Power: 3,635 Owned by 7. Sole Dispositive Power: 0 Each Reporting Person With 8. Shared Dispositive Power: 3,635 9. Aggregate Amount Beneficially Owned by each Reporting Person: 3,635

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

11. Percent of Class	Represented by Amount in Row	9: 0.00 %
12. Type of Reporting	Person: IC	
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CUSIP No929160109		
	Person and I.R.S. Identificand Casualty Company 37-053308	
2. Check the appropr (a) (b)X	iate box if a Member of a Gro	up
3. SEC USE ONLY:		
4. Citizenship or Pl	ace of Organization: Illinois	
Number of 5. Sole Shares	Voting Power: 0	
	red Voting Power: 3,216	
	Dispositive Power: 0	
	red Dispositive Power: 3,216	
9. Aggregate Amount	Beneficially Owned by each Re	porting Person: 3,216
10. Check Box if the	Aggregate Amount in Row 9 exc	ludes Certain Shares:
11. Percent of Class	Represented by Amount in Row	9: 0.00 %
12. Type of Reporting	Person: TC	
Schedule 13G	1010011.	
		Page of Pages
CUSIP No929160109		
1. Name of Reporting		5 11
1. Name of Reporting State Farm Invest	—— Person and I.R.S. Identifica	5 11 tion No.:
1. Name of Reporting State Farm Invest  2. Check the appropr (a)	Person and I.R.S. Identifica	5 11 tion No.:
1. Name of Reporting State Farm Invest  2. Check the appropr (a) (b)X  3. SEC USE ONLY:	Person and I.R.S. Identifica	5 11 tion No.:
1. Name of Reporting State Farm Invest  2. Check the appropr (a) (b)X  3. SEC USE ONLY:  4. Citizenship or Pl  Number of 5. Sole	Person and I.R.S. Identificament Management Corp.	5 11 tion No.:
1. Name of Reporting State Farm Invest  2. Check the appropr (a) (b)X  3. SEC USE ONLY:  4. Citizenship or Pl  Number of 5. Sole Shares Beneficially 6. Share	Person and I.R.S. Identificament Management Corp. iate box if a Member of a Gro	5 11 tion No.:
1. Name of Reporting State Farm Invest  2. Check the appropr (a) (b)X  3. SEC USE ONLY:  4. Citizenship or Pl  Number of 5. Sole Shares Beneficially 6. Share Owned by	Person and I.R.S. Identifical ment Management Corp.  Take box if a Member of a Grown access of Organization: Delaware at Voting Power: 1,199,400	tion No.:

9. Aggregate Amount Beneficially Owned by each Reporting Person: 1,204,015

10.	Check Box if the Aggregate Amount in Row 9 exc	- cludes Certain Shares:
11.	Percent of Class Represented by Amount in Row	9: 1.27 %
12.	Type of Reporting Person: IA	-
Sch	edule 13G	Page of Pages 11
CUSI	P No929160109	
1.	Name of Reporting Person and I.R.S. Identification State Farm Insurance Companies Employee Retire	
2.	Check the appropriate box if a Member of a Gro(a)(b)X	- pup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Illinois	<del>-</del> 3
	ber of 5. Sole Voting Power: 0 res	-
Ben	eficially 6. Shared Voting Power: 2,808	<del></del>
Eac	1	
_	ortingson With 8. Shared Dispositive Power: 2,808	
9.	Aggregate Amount Beneficially Owned by each Re	porting Person: 2,808
10.	Check Box if the Aggregate Amount in Row 9 exc	cludes Certain Shares:
11.	Percent of Class Represented by Amount in Row	- 9: 0.00 %
12.	Type of Reporting Person: EP	_
Sch	edule 13G	Page of Pages 7 11
CUSI	P No929160109	
1.	Name of Reporting Person and I.R.S. Identifications State Farm Insurance Companies Savings and The Employees 37-6091823	
2.	Check the appropriate box if a Member of a Gro (a) (b)X	- pup
3.	SEC USE ONLY:	-
4.	Citizenship or Place of Organization: Illinois	-
	ber of 5. Sole Voting Power: 1,459,200 res	-
Ben	eficially 6. Shared Voting Power: 0	
Own Eac	ed by	)

_	orting son Wit	th 8. Shared Dispositive Power: 0	
9.	Aggreg	gate Amount Beneficially Owned by each Reporting Person: 1,459,200	0
10.	Check	Box if the Aggregate Amount in Row 9 excludes Certain Shares:	
11.	Percen	nt of Class Represented by Amount in Row 9: 1.54 %	
12.	Type c	of Reporting Person: EP	
Sche	edule 1	Page of Page: 8 11	S
Item	1(a) a	and (b). Name and Address of Issuer & Principal Executive Office:	s:
		VULCAN MATERIALS COMPANY 1200 URBAN CENTER DR. BIRMINGHAM, ALA 35242	
Item	2(a).	Name of Person Filing: State Farm Mutual Automobile Insurance	
		Company and related entities; See Item 8 and Exhibit A	8
Item	2(b).	Address of Principal Business Office: One State Farm Plaza	
		Bloomington, IL 61710	
Item	2(c).	Citizenship: United States	
Item	2 (d) a	and (e). Title of Class of Securities and Cusip Number: See above	е.
Item	3. Th	nis Schedule is being filed, in accordance with 240.13d-1(b).	
	Se	ee Exhibit A attached.	
Item	4(a).	Amount Beneficially Owned: 11,072,672 shares	
Item	4(b).	Percent of Class: 11.72 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: 11,032,200 (ii) Shared power to vote or to direct the vote: 40,472 (iii) Sole Power to dispose or to direct disposition of: 11,032,2 (iv) Shared Power to dispose or to direct disposition of: 40,472	200
Item	5. Ow	wnership of Five Percent or less of a Class: Not Applicable.	
Item	6. Ow	vnership of More than Five Percent on Behalf of Another Person: N,	/A
Item	7. Id	dentification and Classification of the Subsidiary Which Acquired	

	the Security being Reported on	by the Parent Holding Company: N/A			
Item 8.	Identification and Classificat	ion of Members of the Group:			
	See Exhibit A attached.				
Item 9.	Notice of Dissolution of Group	: N/A			
Schedul	e 13G	Page of Pages 9 11			
my know acquire for the influe not ac	O. Certification. By signing wledge and belief, the securitied in the ordinary course of bue purpose of and do not have the noing the control of the issuer quired in connection with or as ction having such purpose or ef	siness and were not acquired be effect of changing or s of such securities and were s a participant in any			
I cert		ignature est of my knowledge and belief, orth in this statement is true,			
	02/03/2007	STATE FARM MUTUAL AUTOMOBILE			
	Date	INSURANCE COMPANY			
		STATE FARM LIFE INSURANCE COMPANY			
		STATE FARM FIRE AND CASUALTY COMPANY			
_	FARM INSURANCE COMPANIES OYEE RETIREMENT TRUST	STATE FARM INVESTMENT MANAGEMENT CORP.			
SAVI	FARM INSURANCE COMPANIES NGS AND THRIFT PLAN FOR	STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND			
0.5.	EMPLOYEES	STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND			
		STATE FARM MUTUAL FUND TRUST			
/	s/ Paul N. Eckley	/s/ Paul N. Eckley			
Pau Schedul	l N. Eckley, Fiduciary of each of the above e 13G	Paul N. Eckley, Vice President of each of the above Page of Pages 10 11			

#### 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, 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 advisor 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 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
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		Number	of
		Shares k	pased
	Classification	on Proce	eeds
Name	Under Item 3	of Sai	le
State Farm Mutual Automobile Insurance Compa	ny IC	8,399,798	shares
State Farm Life Insurance Company	IC	3,635	shares
State Farm Fire and Casualty Company	IC	3,216	shares
State Farm Investment Management Corp.	IA	0	shares
State Farm Associates Funds Trust - State			
Farm Growth Fund	IV	1,039,200	shares

State Farm	Associates Funds Trust - State			
Farm Ba	lanced Fund	IV	160,200	shares
State Farm	Variable Product Trust	IV	4,615	
State Farm	Insurance Companies Employee			
Retirem	ent Trust	EP	2,808	shares
State Farm	Insurance Companies Savings and			
Thrift	Plan for U.S. Employees	EP		
Equities	Account		1,208,400	shares
Balanced	Account		250,800	shares
State Farm	Mutual Fund Trust	IV	0	shares
			11,072,672	shares