

STATE FARM MUTUAL AUTOMOBILE INSURANCE CO
Form SC 13G/A
January 30, 2004

Schedule 13G/A

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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.)*
15

BIOMET, INC.

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

090613100

(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).

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CUSIP No. 090613100

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 5. Sole Voting Power: 9,409,500
Shares

Beneficially 6. Shared Voting Power: 0
Owned by

Each 7. Sole Dispositive Power: 9,409,500
Reporting

Person With 8. Shared Dispositive Power: 66,419

9. Aggregate Amount Beneficially Owned by each Reporting Person: 9,475,919

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

11. Percent of Class Represented by Amount in Row 9: 3.70 %

12. Type of Reporting Person: IC

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CUSIP No. 090613100

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 5. Sole Voting Power: 169,975
Shares

Beneficially 6. Shared Voting Power: 0
Owned by

Each 7. Sole Dispositive Power: 169,975
Reporting

Person With 8. Shared Dispositive Power: 3,339

9. Aggregate Amount Beneficially Owned by each Reporting Person: 173,314

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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: 0.07 %

12. Type of Reporting Person: IC

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CUSIP No. 090613100 _____

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: 0
Shares	_____
Beneficially	6. Shared Voting Power: 0
Owned by	_____
Each	7. Sole Dispositive Power: 0
Reporting	_____
Person With	8. Shared Dispositive Power: 8,373

9. Aggregate Amount Beneficially Owned by each Reporting Person: 8,373

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 No. 090613100 _____

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: 4,398,750
Shares	_____
Beneficially	6. Shared Voting Power: 9,448
Owned by	_____
Each	7. Sole Dispositive Power: 4,398,750
Reporting	_____
Person With	8. Shared Dispositive Power: 9,448

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9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,408,198

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

11. Percent of Class Represented by Amount in Row 9: 1.72 %

12. Type of Reporting Person: IA

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CUSIP No. ___090613100 _____

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: Delaware

Number of Shares Beneficially Owned by Each Reporting Person With
5. Sole Voting Power: 0
6. Shared Voting Power: 0
7. Sole Dispositive Power: 0
8. Shared Dispositive Power: 6,905

9. Aggregate Amount Beneficially Owned by each Reporting Person: 6,905

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: IA

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CUSIP No. ___090613100 _____

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 Shares Beneficially
5. Sole Voting Power: 4,815,000
6. Shared Voting Power: 0

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Owned by _____
Each 7. Sole Dispositive Power: 4,815,000
Reporting _____
Person With 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,815,000

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

11. Percent of Class Represented by Amount in Row 9: 1.88 %

12. Type of Reporting Person: EP

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CUSIP No. ___090613100 _____

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: 23,550
Shares _____
Beneficially 6. Shared Voting Power: 0
Owned by _____
Each 7. Sole Dispositive Power: 23,550
Reporting _____
Person With 8. Shared Dispositive Power: 0

9. Aggregate Amount Beneficially Owned by each Reporting Person: 23,550

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: IV

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

BIOMET, INC.
AIRPORT INDUSTRIAL PARK
56 EAST BELL DRIVE
WARSAW, IN 46582

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

Company and related entities; See Item 8
and Exhibit A

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

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: 18,911,259 shares

Item 4(b). Percent of Class: 7.39 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: 18,816,775
(ii) Shared power to vote or to direct the vote: 9,448
(iii) Sole Power to dispose or to direct disposition of: 18,816,775
(iv) Shared Power to dispose or to direct disposition of: 94,484

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

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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,

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I certify that the information set forth in this statement is true, complete and correct.

01/22/2004	STATE FARM MUTUAL AUTOMOBILE
_____	INSURANCE COMPANY
Date	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

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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 its employees, which plans are named the State Farm Insurance Companies Employee Retirement Trust and the State Farm Insurance Companies Savings

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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".

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Name	Classification Under Item 3	Number of Shares based on Proceeds of Sale
State Farm Mutual Automobile Insurance Company	IC	9,475,919 shares
State Farm Life Insurance Company	IC	173,314 shares
State Farm Life and Accident Assurance Company	IC	0 shares
State Farm Fire and Casualty Company	IC	8,373 shares
State Farm Investment Management Corp.	IA	0 shares
State Farm Associates Funds Trust - State Farm Growth Fund	IV	3,487,500 shares
State Farm Associates' Funds Trust - State Farm Balanced Fund	IV	911,250 shares
State Farm Variable Product Trust	IV	9,448 shares
State Farm Insurance Companies Employee Retirement Trust	EP	6,905 shares
State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees Equities Account	EP	3,757,500 shares
Balanced Account		1,057,500 shares
State Farm Mutual Fund Trust	IV	23,550 shares
		----- 18,911,259 shares