MCCORMICK & CO INC Form SC 13G/A February 07, 2002

| 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. ____) *

| | MCCORMICK & COMPANY, INCORPORATED |
|---------|---|
| | (Name of Issuer) |
| | COMMON SHARES |
| | (Title of Class of Securities) |
| | 579780206 |
| | (Cusip Number) 12/31/2001 |
| (Date o | 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).

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| | | | 2 | _ | 11 | _ , |
| | | | | | | |
| CUSIP No5 | | | | | | |
| 1. Name of H | Reporting Person and I.R.S. Identific | — ation | No.: | | | |
| State Fai | rm Mutual Automobile Insurance Compan | ıy 37-0 |)5331(| 00 | | |
| 2 Charle + h | | _ | | | | |
| 2. Check the (a) | e appropriate box if a Member of a Gr | roup | | | | |
| (b)X_ | | | | | | |
| | | _ | | | | |
| 3. SEC USE (| DNLY: | | | | | |
| 4. Citizensh | nip or Place of Organization: Illinoi | .s | | | | |
| | | | | | | |
| Number of | 5. Sole Voting Power: 2,444,000 | | | | | |
| Shares Beneficially | 6. Shared Voting Power: 0 | | | | - | |
| Owned by | | | | | _ | |
| Each | 7. Sole Dispositive Power: 2,444,00 | 0 | | | | |
| Reporting | 8. Shared Dispositive Power: 0 | | | | - | |
| Person with | o. Shared Dispositive Power: 0 | | | | | |
| 9. Aggregate | Amount Beneficially Owned by each R | — Reporti | ing Pe | erson | : 2, | 444,000 |
| 10. Check Box | x if the Aggregate Amount in Row 9 ex | | c Cort | tain | Shar | 26. |
| 10. CHECK DOZ | TI THE Aggregate Amount IN Now 5 CA | _ | , сст | cain | DIIGI | |
| 11. Percent o | of Class Represented by Amount in Row | 9: 3. | .99 | % | | |
| 12. Type of B | Reporting Person: IC | _ | | | | |
| iz. Type of f | reporting rerson. It | | | | | |
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| | | | 3 | | 11 | |
| CUSIP No5 | 579780206 | | | | | |
| | | | | | | |
| | Reporting Person and I.R.S. Identific | ation | No.: | | | |
| State Fai | cm Life Insurance Company 37-0533090 | | | | | |
| 2. Check the | e appropriate box if a Member of a Gr | oup | | | | |
| (a) | | - | | | | |
| (b)X | - | | | | | |
| 3. SEC USE (| NT.Y• | _ | | | | |
| | | | | | | |
| 4. Citizensh | nip or Place of Organization: Illinoi | S | | | | |
| Number of | 5. Sole Voting Power: 118,900 | _ | | | | |
| Shares | | | | | _ | |
| Beneficially | 6. Shared Voting Power: 0 | | | _ | | |
| Owned by | 7 Cala Diamariti - Da - 110 000 | | | | - | |
| Each Reporting | 7. Sole Dispositive Power: 118,900 | | | | | |
| Person With | 8. Shared Dispositive Power: 0 | | | | - | |

^{9.} Aggregate Amount Beneficially Owned by each Reporting Person: 118,900

| 10. Check Bo | x if the Aggregate Amount in Row 9 exc | cludes Certain Shares: |
|--------------------------|--|-----------------------------|
| 11. Percent | of Class Represented by Amount in Row | 9: 0.19 % |
| 12. Type of | Reporting Person: IC | = |
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| CUSIP No | 579780206 | |
| | Reporting Person and I.R.S. Identificarm Investment Management Corp. 37-0902 | |
| 2. Check the (a) (b)X | | - pup |
| 3. SEC USE | ONLY: | - |
| 4. Citizens | hip or Place of Organization: Delaware | |
| Number of Shares | 5. Sole Voting Power: 214,300 | - |
| Beneficially Owned by | 6. Shared Voting Power: 0 | |
| Each | 7. Sole Dispositive Power: 214,300 | |
| Reporting Person With | 8. Shared Dispositive Power: 0 | |
| 9. Aggregat | e Amount Beneficially Owned by each Re | eporting Person: 214,300 |
| 10. Check Bo | x if the Aggregate Amount in Row 9 exc | - cludes Certain Shares: |
| 11. Percent | of Class Represented by Amount in Row | - 9: 0.34 % |
| 12. Type of | Reporting Person: IA | - |
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| CUSIP No | 579780206 | |
| | Reporting Person and I.R.S. Identificarm Insurance Companies Employee Retire | |
| 2. Check the (a) (b)X | e appropriate box if a Member of a Gro - - | - pup |
| 3. SEC USE | ONLY: | - |
| 4. Citizens | hip or Place of Organization: Illinois | - 3 |
| Number of Shares | 5. Sole Voting Power: 1,616,000 | - |
| Beneficially Owned by | 6. Shared Voting Power: 0 | |
| Each | 7. Sole Dispositive Power: 1,616,000 |) |
| Reporting Person With | 8. Shared Dispositive Power: 0 | |

| 9. | Aggregate Amount Beneficially Owned by each Re | eporting Person: 1,616,000 |
|------|---|-----------------------------|
| 10. | Check Box if the Aggregate Amount in Row 9 exc | cludes Certain Shares: |
| 11. | Percent of Class Represented by Amount in Row | 9: 2.63 % |
| 12. | Type of Reporting Person: EP | _ |
| Scł | nedule 13G | Page of Pages 11 |
| CUSI | TP No579780206 | |
| 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 | oup |
| 3. | SEC USE ONLY: | - |
| 4. | Citizenship or Place of Organization: Illinois | - 5 |
| | aber of 5. Sole Voting Power: 224,200 | = |
| Ber | neficially 6. Shared Voting Power: 0 | |
| Eac | ch 7. Sole Dispositive Power: 224,200 porting | |
| _ | rson With 8. Shared Dispositive Power: 0 | |
| 9. | Aggregate Amount Beneficially Owned by each Re | eporting Person: 224,200 |
| 10. | Check Box if the Aggregate Amount in Row 9 exc | - cludes Certain Shares: |
| 11. | Percent of Class Represented by Amount in Row | 9: 0.36 % |
| 12. | Type of Reporting Person: EP | = |
| Sch | nedule 13G | Page of Pages 11 |
| CUSI | P No579780206 | |
| 1. | Name of Reporting Person and I.R.S. Identifications State Farm Mutual Fund Trust | - ation No.: |
| 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: | _ |
| | aber of 5. Sole Voting Power: 4,700 | _ |
| | neficially 6. Shared Voting Power: 0 | |

| | ed by | | |
|--------------|-------------|------|---|
| Eacl Repo | n orting | ſ | 7. Sole Dispositive Power: 4,700 |
| Pers | son Wi | th | 8. Shared Dispositive Power: 0 |
| 9. | Aggre | egat | te Amount Beneficially Owned by each Reporting Person: 4,700 |
| 10. | Check | В | ox if the Aggregate Amount in Row 9 excludes Certain Shares: |
| 11. | Perce | ent | of Class Represented by Amount in Row 9: 0.00 % |
| 12. | Туре | of | Reporting Person: IV |
| Sche | edule | 130 | Page of Pages 11 |
| Item | 1(a) | and | d (b). Name and Address of Issuer & Principal Executive Offices: |
| | | | MCCORMICK & COMPANY, INCORPORATED 18 LOVETON CIRCLE |
| | | | P.O. BOX 6000 |
| | | | SPARKS, MD 21152-6000 |
| Item | 2(a). | 1 | Name of Person Filing: State Farm Mutual Automobile Insurance |
| | | | Company and related entities; See Item 8 and Exhibit A |
| Item | 2(b). | Ī | Address of Principal Business Office: One State Farm Plaza |
| | | - | Bloomington, IL 61710 |
| Item | 2(c). | (| Citizenship: United States |
| Item | 2 (d) | and | d (e). Title of Class of Securities and Cusip Number: See above. |
| Item | 3. I | his | s Schedule is being filed, in accordance with 240.13d-1(b). |
| | S | See | Exhibit A attached. |
| Item | 4(a). | 7 | Amount Beneficially Owned: 4,622,100 shares |
| Item | 4(b). | Ι | Percent of Class: 7.54 percent pursuant to Rule 13d-3(d)(1). |
| Item | 4(c). | 1 | Number of shares as to which such person has: |
| | | (: | i) Sole Power to vote or to direct the vote: 4,622,100 ii) Shared power to vote or to direct the vote: iii) Sole Power to dispose or to direct disposition of: 4,622,100 iv) Shared Power to dispose or to direct disposition of: |
| Item | 5. C |)wne | ership of Five Percent or less of a Class: Not Applicable. |
| Item | 6. C |)wne | ership 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 | | |
| Schedul | e 13G | Page of Pages 9 11 | | |
| my know acquire for the influence not accurate transaction. After I cert. | O. Certification. By signing belwledge and belief, the securities ed in the ordinary course of busing a purpose of and do not have the encing the control of the issuer of quired in connection with or as a ction having such purpose or effect Signing reasonable inquiry and to the best ify that the information set forth the and correct. | referred to above were less and were not acquired effect of changing or such securities and were participant in any et. lature of my knowledge and belief, | | |
| | 01/26/2002 | 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 EMPLOYEES | STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND | | |
| 0.5. | EMP LOILES | 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, Vice President of each of the above

Schedule 13G

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EXHIBIT A

This Exhibit lists the entities affiliated with State Farm Mutual Automobile Insurance Company which might be deemed to constitute a "group" with regard to the ownership of shares reported herein. By way of explanation, State Farm Mutual Automobile Insurance Company is the parent of wholly owned subsidiaries, State Farm Life Insurance Company, which is the parent of the wholly owned subsidiary State Farm Life and Accident Assurance Company; State Farm Fire and Casualty Company; and, State Farm Investment Management Corp. State Farm Investment Management Corp. acts as the investment advisor to State Farm Associates Funds Trust - State Farm Growth Fund and State Farm Associates Funds Trust - State Farm Balanced Fund , State Farm Variable Product Trust, and State Farm Mutual Fund Trust. The Investment Committees of the Board of Directors of each of the insurance companies and of the State Farm Investment Management Corp. and the Trustees of the State Farm Insurance Companies Employee Retirement Trust, State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees, State Farm Variable Product Trust, and State Farm Mutual Fund Trust are vested with the responsibility for investing the assets of the companies, the Funds, the Trusts, and the Equities Account and the Balanced Account of the State Farm Insurance Companies Savings and Thrift Plan for U.S. Employees. State Farm Mutual Automobile Insurance Company employs all personnel of the Investment Department. State Farm Investment Management Corp. has a written agreement with State Farm Mutual Automobile Insurance Company whereby the Investment Department personnel assist State Farm Investment Management Corp. in its duties as investment advisor to the Funds, State Farm Variable Product Trust, and State Farm Mutual Fund Trust. Investment actions taken by the Investment Department are ratified by the Investment Committees of the Boards of Directors of the insurance companies and State Farm Investment Management Corp. and by the Trustees of the Trusts and the Plan. Certain members of the Investment Department also execute voting proxies from time to time but in situations where a vote contrary to that of management on a major policy matter is under consideration, approval of the Investment Committees of the Boards of Directors of the Companies involved is first obtained.

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 11 |
|--------------|--------------------------------|---|
| Name | Classification Under Item 3 | Number of Shares based on Proceeds of Sale |

| State Farm Mutual Automobile Insurance Company | IC | 2,444,000 shares |
|--|----|------------------|
| State Farm Life Insurance Company | IC | 118,900 shares |
| State Farm Life and Accident Assurance Company | IC | 0 shares |
| State Farm Fire and Casualty Company | IC | 0 shares |
| State Farm Investment Management Corp. | IA | 0 shares |
| State Farm Associates Funds Trust - State | | |
| Farm Growth Fund | IV | 214,300 shares |
| State Farm Associates Funds Trust - State | | |
| Farm Balanced Fund | IV | 0 shares |
| State Farm Variable Product Trust | IV | 0 shares |
| State Farm Insurance Companies Employee | | |
| Retirement Trust | EP | 1,616,000 shares |
| State Farm Insurance Companies Savings and | | |
| Thrift Plan for U.S. Employees | EP | |
| Equities Account | | 224,200 shares |
| Balanced Account | | 0 shares |
| State Farm Mutual Fund Trust | IV | 4,700 shares |
| | | |
| | | 4,622,100 shares |