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) 12/31/2002
	(Date of Event Which Requires Filing of this Statement)
Check the app	propriate box to designate the rule pursuant to which this filed:
[X] Rule 13d [] Rule 13d [] Rule 13d	-1(c)
person's init of securities	er of this cover page shall be filled out for a reporting tial filing on this form with respect to the subject class, and for any subsequent amendment containing information alter the disclosures provided in a prior cover page.
be deemed to Exchange Act of that sect:	ion required in the remainder of this cover page shall not be "filed" for the purpose of Section 18 of the Securities of 1934 ("Act") or otherwise subject to the liabilities ion of the Act but shall be subject to all other provisions nowever, see the Notes).
Schedule 13G	Page of Page:
CUSIP No!	
	Reporting Person and I.R.S. Identification No.:
2. Check the (a)(b)X_	
3. SEC USE (DNLY:
4. Citizens	nip or Place of Organization: Illinois
Number of	5. Sole Voting Power: 4,888,000
Shares Beneficially	6. Shared Voting Power: 0
Owned by Each	7. Sole Dispositive Power: 4,888,000
Reporting Person With	8. Shared Dispositive Power: 0

11. Percent of Class Represented by Amount in Row	9: 3.49 %
12. Type of Reporting Person: IC	_
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	3 11
CUSIP No579780206	
1. Name of Reporting Person and I.R.S. Identific State Farm Life Insurance Company 37-0533090	cation No.:
Jeaco Farm Erro Insurante Company of Coocos	
2. Check the appropriate box if a Member of a Gr	 oup
2. Check the appropriate box if a Member of a Gr	 Coup
2. Check the appropriate box if a Member of a Gr (a) (b)X	 coup
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY:	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of 5. Sole Voting Power: 237,800 Shares	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of 5. Sole Voting Power: 237,800 Shares Beneficially 6. Shared Voting Power: 0	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of 5. Sole Voting Power: 237,800 Shares Beneficially Owned by Each 7. Sole Dispositive Power: 237,800	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of 5. Sole Voting Power: 237,800 Shares Beneficially 6. Shared Voting Power: 0 Owned by	_
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of 5. Sole Voting Power: 237,800 Shares Beneficially Owned by Each 7. Sole Dispositive Power: 237,800 Reporting	
2. Check the appropriate box if a Member of a Gr (a)	eporting Person: 237,800
2. Check the appropriate box if a Member of a Gr (a)	Reporting Person: 237,800
2. Check the appropriate box if a Member of a Gr (a)	Reporting Person: 237,800
2. Check the appropriate box if a Member of a Gr (a) (b)X 3. SEC USE ONLY: 4. Citizenship or Place of Organization: Illinoi Number of	Reporting Person: 237,800
2. Check the appropriate box if a Member of a Gr (a)	Reporting Person: 237,800

9. Aggregate Amount Beneficially Owned by each Reporting Person: 4,888,000

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			4		11
CUSI	P No579780206				
1.	Name of Reporting Person and I.R.S. Identific State Farm Investment Management Corp. 37-090		No.:		
2.	Check the appropriate box if a Member of a Gr (a) (b)X	_ oup			
3.	SEC USE ONLY:	_			
4.	Citizenship or Place of Organization: Delawar	e			
	nber of 5. Sole Voting Power: 428,600	_			
Ben	neficially 6. Shared Voting Power: 0				
Eac	th 7. Sole Dispositive Power: 428,600				
	son With 8. Shared Dispositive Power: 0				
9.	Aggregate Amount Beneficially Owned by each R	_ eport	ing Pe	erson	: 428,600
10.	Check Box if the Aggregate Amount in Row 9 ex	_ clude	s Cert	ain	Shares:
11.	Percent of Class Represented by Amount in Row	9: 0	.30 %	6	
	Type of Reporting Person: IA				
	medule 13G	Page	5	_ of	Pages
CUSI	P No579780206	_			
1.	Name of Reporting Person and I.R.S. Identific State Farm Insurance Companies Employee Retir			36-	6042145
2.	Check the appropriate box if a Member of a Gr (a) (b)X	oup			
3.	SEC USE ONLY:	_			
4.	Citizenship or Place of Organization: Illinoi	S			

Number of	5. Sole Voting Power: 3,232,000
Shares Beneficially Owned by	6. Shared Voting Power: 0
Each Reporting	7. Sole Dispositive Power: 3,232,000
Person With	8. Shared Dispositive Power: 0
9. Aggregat	e Amount Beneficially Owned by each Reporting Person: 3,232,00
10. Check Bo	x if the Aggregate Amount in Row 9 excludes Certain Shares:
11. Percent	of Class Represented by Amount in Row 9: 2.30 %
12. Type of	Reporting Person: EP
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Schedule 13G	
	6 11
	6 11
CUSIP No	579780206
CUSIP No	579780206 Reporting Person and I.R.S. Identification No.:
USIP No 1. Name of State Fa	6 11 579780206 Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S.
USIP No 1. Name of State Fa	579780206 Reporting Person and I.R.S. Identification No.:
CUSIP No 1. Name of State Fa	6 11 579780206 Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S.
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OUSIP No 1. Name of State Fa Empl 2. Check th	6 11 579780206 Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group
1. Name of State Fa Empl 2. Check th	6 11 579780206 Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group
OUSIP No 1. Name of State Fa Empl 2. Check th	6 11 579780206 Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group
1. Name of State Fa Empl 2. Check th (a)(b)X_	Feporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group
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1. Name of State Fa Empl 2. Check th (a) (b)X_	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY:
1. Name of State Fa Empl 2. Check th (a) (b)X_	Feporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group
1. Name of State Fa Empl 2. Check th (a) (b)X_ 3. SEC USE 4. Citizens	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois
1. Name of State Fa Empl 2. Check th (a) (b)X_ 3. SEC USE 4. Citizens	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY:
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0 7. Sole Dispositive Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0 7. Sole Dispositive Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0 7. Sole Dispositive Power: 448,400
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0 7. Sole Dispositive Power: 0 8. Shared Dispositive Power: 0
1. Name of State Fa Empl 2. Check th (a)	Reporting Person and I.R.S. Identification No.: rm Insurance Companies Savings and Thrift Plan for U.S. oyees 37-6091823 e appropriate box if a Member of a Group ONLY: hip or Place of Organization: Illinois 5. Sole Voting Power: 448,400 6. Shared Voting Power: 0 7. Sole Dispositive Power: 448,400 8. Shared Dispositive Power: 0 e Amount Beneficially Owned by each Reporting Person: 448,400

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CUSIP No	579780206	·		
	Reporting Person and I.R.S. Identific rm Mutual Fund Trust	cation No.:		
2. Check the (a)(b)X_		oup		
3. SEC USE	DNLY:	_		
4. Citizens	nip or Place of Organization:	_		
Number of Shares	5. Sole Voting Power: 34,000	_		
	6. Shared Voting Power: 0			
Each Reporting	7. Sole Dispositive Power: 34,000			
	8. Shared Dispositive Power: 0			
9. Aggregat	e Amount Beneficially Owned by each R	Reporting Pe	erson:	34,000
10. Check Box	x if the Aggregate Amount in Row 9 ex	cludes Cert	ain Sh	ares:
11. Percent	of Class Represented by Amount in Row	9: 0.02 %	6	
12. Type of I	Reporting Person: IV	_		

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

P.O. BOX 6000 SPARKS, MD 21152-6000

	,	
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 B	usiness Office: One State Farm Plaza
item 2(c)	. Citizenship: United St	Bloomington, IL 61710 ates
tem 2(d)	and (e). Title of Class	of Securities and Cusip Number: See above.
tem 3.	This Schedule is being fi	led, in accordance with 240.13d-1(b).
	See Exhibit A attached.	
tem 4(a)	. Amount Beneficially Ow	ned: 9,268,800 shares
tem 4(b)	. Percent of Class: 6.62	percent pursuant to Rule 13d-3(d)(1).
tem 4(c)	. Number of shares as to	which such person has:
	(ii) Shared power to vo(iii) Sole Power to dis	or to direct the vote: 9,268,800 te or to direct the vote: pose or to direct disposition of: 9,268,800 spose or to direct disposition of:
tem 5.	Ownership of Five Percent	or less of a Class: Not Applicable.
tem 6.	Ownership of More than Fi	ve Percent on Behalf of Another Person: N/A
		fication of the Subsidiary Which Acquired ed on by the Parent Holding Company: N/A
tem 8.	Identification and Classi	fication of Members of the Group:
:	See Exhibit A attached.	
tem 9.	Notice of Dissolution of	Group: N/A
Schedule	136	Page of Pages
my know acquire for the influence not acq	ledge and belief, the sec d in the ordinary course purpose of and do not ha cing the control of the i	ning below I certify that, to the best of urities referred to above were of business and were not acquired we the effect of changing or ssuer of such securities and were or as a participant in any or effect.
I certi		Signature the best of my knowledge and belief, et forth in this statement is true,
	01/30/2003	STATE FARM MUTUAL AUTOMOBILE
	Date	INSURANCE COMPANY
		STATE FARM LIFE INSURANCE COMPANY
		STATE FARM FIRE AND CASUALTY COMPANY
STATE F	ARM INSURANCE COMPANIES	STATE FARM INVESTMENT MANAGEMENT

EMPLOYEE RETIREMENT TRUST

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, 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 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".

Name	Classific Under It	
State Farm Mutual Automobile Insurance Compar	nv IC	4,888,000 shares
State Farm Life Insurance Company	IC	237,800 shares
State Farm Life and Accident Assurance Compar	ıv 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	428,600 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	3,232,000 shares
State Farm Insurance Companies Savings and		
Thrift Plan for U.S. Employees	EP	
Equities Account		448,400 shares
Balanced Account		0 shares
State Farm Mutual Fund Trust	IV	34,000 shares
		9,268,800 shares