NUCOR CORP Form SC 13G/A February 02, 2010 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. ___)* ___24

NUCOR CORPORATION

(Name of Issuer)

COMMON SHARES

(Title of Class of Securities)

670346105

(Cusip Number) 12/31/2009

(Date 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 ____ Page

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CUSIP No. ____670346105

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

3. SEC USE ONLY:

4. Citizenship or Place of Organization: Illinois

Number of 5. Sole Voting Power: 21,636,800 Shares

Beneficially 6. Shared Voting Power: 80,238
Owned by

Each 7. Sole Dispositive Power: 21,636,800

Person With 8. Shared Dispositive Power: 80,238

9. Aggregate Amount Beneficially Owned by each Reporting Person: 21,717,038

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

11. Percent of Class Represented by Amount in Row 9: 6.90 %

12. Type of Reporting Person: IC

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Reporting

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CUSIP No. ____670346105

- 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

9. Aggregate Amount Beneficially Owned by each Reporting Person: 549,997

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

11.	Percent o	of Class Represented by Amount in Row	9:0.17 %	5	
12.	Type of H	Reporting Person: IC	-		
Sche	edule 13G		Page4	_ of	Pages 12
CUSI	P No	570346105			
1.		Reporting Person and I.R.S. Identifica cm Fire and Casualty Company 37-053308			
2.	Check the (a) (b)X	e appropriate box if a Member of a Gro - -	pup		
3.	SEC USE ()NLY:	-		
4.	Citizensk	nip or Place of Organization: Illinois	-		
Numb	per of	5. Sole Voting Power: 2,800,000	-		
Bene	eficially	6. Shared Voting Power: 10,490			-
Owned by Each Reporting		7. Sole Dispositive Power: 2,800,000	1		
-	son With	8. Shared Dispositive Power: 10,490			-
9.	Aggregate	e Amount Beneficially Owned by each Re	porting Pe	erson	: 2,810,490
10.	Check Boz	s if the Aggregate Amount in Row 9 exc	ludes Cert	ain	Shares:
11.	Percent o	of Class Represented by Amount in Row	9:0.89 %	ī	
12.	Type of H	Reporting Person: IC	-		
Sche	edule 13G		Page5	_ of	Pages 12
CUSI	? No(570346105			
1.		Reporting Person and I.R.S. Identifica cm Investment Management Corp.	tion No.:		
2.	Check the (a) (b)X	e appropriate box if a Member of a Gro - -	pup		
3.	SEC USE (DNLY:	-		
4.	Citizensł	nip or Place of Organization: Delaware	-		
Number of Shares Beneficially Owned by Each Reporting		5. Sole Voting Power: 968,000	-		
		6. Shared Voting Power: 18,595			-
		7. Sole Dispositive Power: 968,000			-
-	son With	8. Shared Dispositive Power: 18,595			-

9. Aggregate Amount Beneficially Owned by each Reporting Person: 986,595

10. Check Box	s if the Aggregate Amount in Row 9 exc	ludes Certain Shares:
11. Percent o	of Class Represented by Amount in Row	9: 0.31 %
12. Type of H	Reporting Person: IA	-
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CUSIP No	570346105	
	Reporting Person and I.R.S. Identifica rm Insurance Companies Employee Retire	
2. Check the (a) (b)X_		up
3. SEC USE (DNLY:	-
4. Citizensk	nip or Place of Organization: Illinois	-
Number of Shares	5. Sole Voting Power: 1,867,200	-
Beneficially Owned by	6. Shared Voting Power: 10,050	
Each Reporting	7. Sole Dispositive Power: 1,867,200	
Person With	8. Shared Dispositive Power: 10,050	
9. Aggregate	e Amount Beneficially Owned by each Re	porting Person: 1,877,250
10. Check Box	x if the Aggregate Amount in Row 9 exc	ludes Certain Shares:
11. Percent o	of Class Represented by Amount in Row	9: 0.60 %
12. Type of H	Reporting Person: EP	-
Schedule 13G		Page of Pages 7 12
CUSIP No	570346105	
State Fai	Reporting Person and I.R.S. Identifica cm Insurance Companies Savings and Thr oyees 37-6091823	
2. Check the (a) (b)X	e appropriate box if a Member of a Gro - -	quo
3. SEC USE (DNLY:	-
4. Citizensk	nip or Place of Organization: Illinois	-
Number of Shares	5. Sole Voting Power: 2,176,800	
Beneficially Owned by	6. Shared Voting Power: 0	
Each	7. Sole Dispositive Power: 2,176,800	

-	porting rson With	8. Shared Dispositi	ve Power: 0		
9.	Aggregate	e Amount Beneficially	Owned by each Re	- eporting Per	son: 2,176,800
10.	Check Box	x if the Aggregate Am	ount in Row 9 exc	- cludes Certa	in Shares:
11.	Percent c	of Class Represented	by Amount in Row	9:0.69 %	
12.	Type of F	Reporting Person: EP		_	
Scł	nedule 13G			Page 8	of Pages 12
CUSI	IP No6	570346105			
1.		Reporting Person and cm Mutual Fund Trust		ation No.:	
2.	Check the (a) (b)X		a Member of a Gro	- oup	
3.	SEC USE C	ONLY:		-	
4.	Citizensh	nip or Place of Organ	ization: Illinois	-	
Sha	mber of ares neficially	 Sole Voting Powe Shared Voting Po 			
	ned by	7. Sole Dispositive			
-	porting rson With	8. Shared Dispositi	ve Power: 34,900		
9.	Aggregate	e Amount Beneficially	Owned by each Re	- eporting Per	son: 34,900
10.	Check Box	k if the Aggregate Am	ount in Row 9 exc	- cludes Certa	in Shares:
11.	Percent c	of Class Represented	by Amount in Row	9:0.01 %	
12.	Type of F	Reporting Person: EP		-	
Scł	nedule 13G			Page 9	of Pages 12
Iter	n 1(a) and	(b). Name and Addre NUCOR CORPORATI 1915 REXFORD RO CHARLOTTE, NC	ON	cincipal Exe	cutive Offices:
Iter	n 2(a). Na 	ame of Person Filing:	State Farm Mutua Company and rela		
			and Exhibit A		,

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).
- Item 4(a). Amount Beneficially Owned: 30,153,070 shares
- Item 4(b). Percent of Class: 9.57 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: 29,981,200(ii) Shared power to vote or to direct the vote: 171,870(iii) Sole Power to dispose or to direct disposition of: 29,981,200(iv) Shared Power to dispose or to direct disposition of: 171,870

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 in the ordinary course of business and were not acquired for the purpose of and do not have the effect of changing or influencing the control of the issuer of such securities and were not acquired in connection with or as a participant in any transaction having such 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, complete and correct.

01/22/2010

Date

STATE FARM INSURANCE COMPANIES

SAVINGS AND THRIFT PLAN FOR

STATE FARM INSURANCE COMPANIES

EMPLOYEE RETIREMENT TRUST

U.S. EMPLOYEES

STATE FARM MUTUAL AUTOMOBILE

INSURANCE COMPANY

STATE FARM LIFE INSURANCE COMPANY

STATE FARM FIRE AND CASUALTY COMPANY

STATE FARM INVESTMENT MANAGEMENT CORP.

STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM GROWTH FUND

STATE FARM ASSOCIATES FUNDS TRUST - STATE FARM BALANCED FUND

STATE FARM MUTUAL FUND TRUST

/s/ Paul N. Eckley

Paul N. Eckley, Fiduciary of each of the above Schedule 13G

/s/ Paul N. Eckley

Paul N. Eckley, Vice President of each of the above Page _____ of ____ Pages 12 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".

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Name	Classificati Under Item	Number of Shares based on on Proceeds 3 of Sale
State Farm Mutual Automobile Insurance Compar	ny IC	21,717,038 shares
State Farm Life Insurance Company	IC	549,997 shares
State Farm Fire and Casualty Company	IC	2,810,490 shares
State Farm Investment Management Corp.	IA	18,595 shares
State Farm Associates Funds Trust - State		
Farm Growth Fund	IV	531,200 shares
State Farm Associates Funds Trust - State		
Farm Balanced Fund	IV	436,800 shares
State Farm International Life Insurance		
Company Ltd.	IV	0 shares
State Farm Insurance Companies Employee		
Retirement Trust	EP	1,877,250 shares
State Farm Insurance Companies Savings and		
Thrift Plan for U.S. Employees	EP	
Equities Account		1,744,400 shares
Balanced Account		432,400 shares
State Farm Mutual Fund Trust	IV	34,900 shares
		30,153,070 shares