

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018193 (3)

1. Corporation Name
STATE MUTUAL INSURANCE COMPANY



Principal Place of Business: ONE STATE MUTUAL DRIVE, P.O. BOX 153, ROME GA 30162-7153
Mailing Address: ONE STATE MUTUAL DRIVE, P.O. BOX 153, ROME GA 30162-7153

3. Date Incorporated or Qualified: 03/26/1936
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 58-1449898
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No []

9. Name and Address of Current Registered Agent: BOOHER, BOYD, 930 N. TEXAS AVENUE, ORLANDO FL 32804
10. Name and Address of New Registered Agent: James O. Shelfer, 1300 Thomaswood Drive, Tallahassee FL 32312, FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: James O. Shelfer

4/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	1.2 NAME: Yancey, Delos, III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STRAUSS, ROBERT J	1.3 STREET ADDRESS: 28 MARGO TRAIL SE	1.4 CITY-STATE-ZIP: ROME, GA 00000	
2.1 TITLE: <input checked="" type="checkbox"/> DELETE	2.1 TITLE: Sr. VP	2.2 NAME: Altus Ben Forrester	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: COBB, BURTON H	2.3 STREET ADDRESS: 1 Richland Ct	2.4 CITY-STATE-ZIP: ROME GA 30161	
3.1 TITLE: <input type="checkbox"/> DELETE	3.1 TITLE: Sr. VP	3.2 NAME: Robert Gregory Morrow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ROGERS, ANN	3.3 STREET ADDRESS: 347 Mt Alto Rd	3.4 CITY-STATE-ZIP: ROME GA 30162	
4.1 TITLE: <input type="checkbox"/> DELETE	4.1 TITLE: CHM	4.2 NAME: Yancey, Delos H.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: YANCEY, DELOS H	4.3 STREET ADDRESS: 809 Horseleg Creek Rd	4.4 CITY-STATE-ZIP: ROME GA 30162	
5.1 TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: Rick A. Gordon, Sr. V.P.,	5.2 NAME: 511 Waterford Drive	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: STRAUSS, ROBERT J	5.3 STREET ADDRESS: Cartersville, GA 301206443	5.4 CITY-STATE-ZIP: ROME GA 30162	
6.1 TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: 10000183168	6.2 NAME: -05/21/96-01041-007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STRAUSS, ROBERT J	6.3 STREET ADDRESS: ***200.00	6.4 CITY-STATE-ZIP: ROME GA 30162	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rick A. Gordon, Sr. V.P., Date: 4-2-96, Division File #: 1 8002417598

CR2E034 (12/95)