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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 30162-0153

3. Date Incorporated or Qualified: 03/26/1936
3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-1449898
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

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

9. Name and Address of Current Registered Agent
SHELPER, JAMES O.
1300 THOMASVILLE RD.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	YANCEY, DELOS III	31 HUNTINGTON ROME GA 30165
TITLE	V	FORRESTER, ALTUS BEN	1 RICHLAND CT. ROME GA 30161
TITLE	S	ROGERS, ANN	1328 ABRAMS RD SE SILVER CREEK GA
TITLE	CHM	YANCEY, DELOS H	809 HORSELEG CREEK RD ROME GA 30162
TITLE	V	MORROW, ROBERT GREGORY	347 MT. ALTO RD. ROME GA 30162
TITLE	V	GORDON, RICK A., SR.	511 WATERFORD DR. CARTERSVILLE GA 30120-6443

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Vice President 4/25/97 706-291-1054

CR2E034 (9/96)