

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018193

FILED
Jan 05, 2009
Secretary of State

Entity Name: STATE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

ONE STATE MUTUAL DRIVE
P.O. BOX 153
ROME, GA 301627153

New Principal Place of Business:

ONE STATE MUTUAL DRIVE
ONE STATE MUTUAL DRIVE
ROME, GA 301627153

Current Mailing Address:

ONE STATE MUTUAL DRIVE
P.O. BOX 153
ROME, GA 301627153

New Mailing Address:

P.O. BOX 153
ROME, GA 301627153

FEI Number: 58-1449898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, MICHAEL A
33 NORTH GARDEN AVE., SUITE 1000
CLEARWATER, FL 337556606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YANCEY, DELOS III,
Address: 185 BELLEFONT DRIVE
City-St-Zip: ROME, GA 30165

Title: V () Delete
Name: WILSON, GRETTA E
Address: 110 VININGS DRIVE
City-St-Zip: ROME, GA 30161

Title: S () Delete
Name: ROGERS, ANN,
Address: 1504 FISH CREEK ROAD
City-St-Zip: CEDARTOWN, GA 30125

Title: V () Delete
Name: MORROW, ROBERT GREGO, RY
Address: 347 MT. ALTO RD.
City-St-Zip: ROME, GA 30162

Title: V (X) Delete
Name: GORDON, RICK A., SR.,
Address: 59 WILDERNESS CAMP ROAD
City-St-Zip: WHITE, GA 30184

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: YANCEY, DELOS H III
Address: 185 BELLEFONT DRIVE
City-St-Zip: ROME, GA 30165

Title: V (X) Change () Addition
Name: GORDON, RICK A
Address: 59 WILDERNESS CAMP ROAD
City-St-Zip: WHITE, GA 30184

Title: S (X) Change () Addition
Name: ROGERS, ANN
Address: 1504 FISH CREEK ROAD
City-St-Zip: CEDARTOWN, GA 30125

Title: V (X) Change () Addition
Name: MORROW, ROBERT G
Address: 347 MT. ALTO RD.
City-St-Zip: ROME, GA 30162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK A GORDON

V

01/05/2009

Electronic Signature of Signing Officer or Director

Date