

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018193

FILED
Feb 22, 2011
Secretary of State

Entity Name: STATE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

ONE STATE MUTUAL DRIVE
ONE STATE MUTUAL DRIVE
ROME, GA 30165 US

New Principal Place of Business:

210 EAST SECOND AVENUE
SUITE 301
ROME, GA 30161 US

Current Mailing Address:

P.O. BOX 153
ROME, GA 301620153 US

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

Title: V
Name: GORDON, RICK A
Address: 11125 PARK BLVD, SUITE 104
City-St-Zip: SEMINOLE, FL 33772

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

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

I hereby 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 all other like empowered.

SIGNATURE: SANDY BOSSHARD

VP

02/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date