## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 018193

1. Entity Name

State Mutual Insurance Company



## FILED Mar 02, 2007 8:00 am Secretary of State

03-02-2007 90019 014 \*\*\*150.00

	DO NOT WRITE			ACI				40027953				
Principal Place of Business     One State Mutual Drive			3. Mailing Address									
	<del></del> -	Po Box 153 Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE					
Suite, Apt.	#, etc.	Suit	e, Apr. #, etc.					· DO NOT WRIT	EINIH	IS SPAC	UE	
City & Stat		City & State Rome, GA			•		4. FEI Number Applied For 58-1449898 Not Applicab					
Zip 30165	Country	2-0153	Country			5. Certificate of Status Desired   \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent.					Street A 33 Nor City Clearw	Michae ddress(P. th Gard	7.Name and Address of Current Registered Agent  chael A  ass(P.O. Box Number is Not Acceptable) Garden Ave., Suite 1000  FL  Zip Code 33755-6606  stered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE	Signature, typed or printed name of registared at nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25	gent and little if ap	plicable (NO	TE: Register	ed Agent signa	itura required	when rei	nstating)  9. Election Campaign Final Trust Fund Contribution.			\$5.00 May Be Added to Fees	
Make Check	k Payable to Florida Departmen	it of State										
10.	OFFICERS A	ND DIRECTO	ORS									
TILE	PRESIDENT			TITLE		ĺ						
NAME	YANCEY, DELOS III			NAME								
STREET ADDRESS	100 D			STREET ADDRESS								
CITY-ST-ZIP	ROME, GA 30165			CITY	CITY-ST-ZIP							
TITLE	VICE-PRESIDENT			TITLE								
NAME	WILSON, GRETTA E			NAME								
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP								
*	ROME, GA 30161											
TITLE	SECRETARY			TITLE								
NAME STREET ADDRESS	ROGERS, ANN 1504 FISH CREEK ROAD			MAM	ET AODRESS							
CITY-ST-ZIP	CEDARTOWN, GA 30125				ST-ZIP			DO NOT V	VRI	ITE		
TITLE	VICE PRESIDENT	<del>-</del>										
NAME	ł	<b>7</b> 1/		TITLE NAMI				IN THIS S	PA	CE		
STREET ADDRESS	MORROW, ROBERT GREGOR 347 MT. ALTO ROAD	<b>₹</b> 1			ET ADDRESS	•						
CITY-ST-ZIP	ROME, GA 30165				ST-ZIP							
TITLE	VICE PRESIDENT			TITLE				4				
NAME	GORDON, RICK A			NAMI								
STREET ADDRESS 59 WILDERNESS CAMP ROAD					ET ADORESS							
CITY-ST-ZIP	WHITE, GA 30184	_			ST-ZIP							
TITLE				TITLE	:			<del></del>			<del>.</del>	
NAME				NAME								
STREET ADDRESS				1	ET ADDRESS							
CITY-ST-ZIP					ST-ŽIP							
	1					ь						

12. I 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 report or supplemental 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 10 or on an attachment with an address/ with all other like empowered.

SIGNATURE:

Janay Bushaul
SIGNATURE AND PRIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDY BOSSHARD

(706) 291-1054