

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018193

**Entity Name:** STATE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

210 EAST SECOND AVENUE  
SUITE 301  
ROME, GA 30161

**Current Mailing Address:**

P.O. BOX 153  
ROME, GA 30162-0153 US

**FEI Number:** 58-1449898

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, MICHAEL A  
500 GULF BLVD.  
BELLEAIR SHORES, FL 33786 US

*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

**Officer/Director Detail :**

Title	P	Title	EXEC.VP & TREASURER
Name	YANCEY, DELOS HIII	Name	GORDON, RICK A
Address	185 BELLEMONT DRIVE	Address	11125 PARK BLVD, SUITE 104
City-State-Zip:	ROME GA 30165	City-State-Zip:	SEMINOLE FL 33772
Title	CORPORATE SECRETARY	Title	VP
Name	YANCEY, DELOS HARLEY IV	Name	BURTON, RICHARD H
Address	176 BELLEMONT DRIVE SW	Address	P.O. BOX 153
City-State-Zip:	ROME GA 30165	City-State-Zip:	ROME GA 30162-0153
Title	VP CONTROLLER	Title	VP
Name	STARKIE, KATRINA	Name	YANCEY , DELOS HARLEY IV
Address	P.O. BOX 153	Address	176 BELLEMONT DR SW
City-State-Zip:	ROME GA 30162-0153	City-State-Zip:	ROME GA 30165

*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:** DELOS HARLEY YANCEY IV

**CORPORATE  
SECRETARY**

**03/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date