

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018193

**Entity Name:** STATE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

1 STATE MUTUAL DRIVE  
ROME, GA 30165

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            YANCEY, DELOS H  
Address        P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

Title            PRESIDENT  
Name            YANCEY, D HARLEY  
Address        P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

Title            CORPORATE SECRETARY  
Name            BREARLEY, DAVID  
Address        P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

Title            VP  
Name            BURTON, RICHARD H  
Address        P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

Title            VP CONTROLLER  
Name            BOYD, BEN  
Address        P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

*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: DAVID BREARLEY**

**CORPORATE SECRETAR    01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date