

2014 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
33 NORTH GARDEN AVE., SUITE 1000
CLEARWATER, FL 33755-6606 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
Name YANCEY, DELOS HIII
Address 185 BELLEMONT DRIVE
City-State-Zip: ROME GA 30165

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

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

Title VP
Name BURTON, RICHARD H
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: RICK A GORDON

**EXECUTIVE VICE
PRESIDENT**

03/12/2014

Electronic Signature of Signing Officer/Director Detail

Date