FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:49

DOCUMENT # 018193 (3)

1. Corporation Name
STATE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE STATE MUTUAL DRIVE P.O. BOX 153 ROME GA 30162-7153	ONE STATE MUTUAL DRIVE P.O. BOX 153 ROME GA 30162-7153

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1936
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 58-1449898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOOHER, BOYD
930 N. TEXAS AVENUE
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	STRAUSS, ROBERT J	1.2 NAME		
STREET ADDRESS	28 MARGO TRAIL SE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROME, GA 00000	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	COBB, BURTON H	2.2 NAME	Cobb,Burton H.	
STREET ADDRESS	24 WELLINGTON WAY	2.3 STREET ADDRESS	205 Robin Street	
CITY-ST-ZIP	ROME, GA 00000	2.4 CITY-ST-ZIP	Rome, GA 30165	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, ANN	3.2 NAME		
STREET ADDRESS	1328 ABRAMS RD SE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER CREEK GA	3.4 CITY-ST-ZIP		
TITLE	CDP	4.1 TITLE		☐ Change ☐ Addition
NAME	YANCEY, DELOS H	4.2 NAME		
STREET ADDRESS	809 HORSELEG CREEK RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROME, GA 00000	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attached sheet with that address.

SIGNATURE: Robert J Strauss 3/6/95 706-291-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

030001Y FP