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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 018193 (3)

1. Corporation Name
STATE MUTUAL INSURANCE COMPANY

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

Mailing Address
ONE STATE MUTUAL DRIVE
P.O. BOX 153
ROME GA 30162-0153



3. Date Incorporated or Qualified 03/26/1936
3a. Date of Last Report 05/01/1996
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

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

9. Name and Address of Current Registered Agent

SHELFER, JAMES O.
1300 THOMASVILLE RD.
TALLAHASSEE FL 32312

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE P
NAME YANCEY, DELOS III
STREET ADDRESS 31 HUNTINGTON
CITY-STATE-ZIP ROME GA 30165
TITLE V
NAME FORRESTER, ALTUS BEN
STREET ADDRESS 1 RICHLAND CT.
CITY-STATE-ZIP ROME GA 30161
TITLE S
NAME ROGERS, ANN
STREET ADDRESS 1328 ABRAMS RD SE
CITY-STATE-ZIP SILVER CREEK GA
TITLE CHM
NAME YANCEY, DELOS H
STREET ADDRESS 809 HORSELEG CREEK RD
CITY-STATE-ZIP ROME GA 30162
TITLE V
NAME MORROW, ROBERT GREGORY
STREET ADDRESS 347 MT. ALTO RD.
CITY-STATE-ZIP ROME GA 30162
TITLE V
NAME GORDON, RICK A., SR.
STREET ADDRESS 511 WATERFORD DR.
CITY-STATE-ZIP CARTERSVILLE GA 30120-6443

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do 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 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 attachment with an address.

SIGNATURE: Rick A. Gordon Sr. Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 706-291-1054

Date Daytime Phone #

CR2E034 (9/96)