

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90013 037 \*\*\*150.00

**DOCUMENT # 018193**

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

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

3. Date incorporated or Qualified	
<b>03/26/1936</b>	
4. FEI Number	Applied For
<b>58-1449898</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>YANCEY, DELOS III</b>	
STREET ADDRESS	<b>31 HUNTINGTON</b>	
CITY-ST-ZIP	<b>ROME GA 30165</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>FORRESTER, ALTUS BEN</b>	
STREET ADDRESS	<b>1 RICHLAND CT.</b>	
CITY-ST-ZIP	<b>ROME GA 30161</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, ANN</b>	
STREET ADDRESS	<b>1328 ABRAMS RD SE</b>	
CITY-ST-ZIP	<b>SILVER CREEK GA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MORROW, ROBERT GREGORY</b>	
STREET ADDRESS	<b>347 MT. ALTO RD.</b>	
CITY-ST-ZIP	<b>ROME GA 30162</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>GORDON, RICK A., SR.</b>	
STREET ADDRESS	<b>511 WATERFORD DR.</b>	
CITY-ST-ZIP	<b>CARTERSVILLE GA 30120-6443</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Rub... **SIGNATURE REQUIRED** 4/5/99 706/291-1054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)