

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90027 029 ***150.00

DOCUMENT # 018193

1. Entity 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 30162-7153**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1449898**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHELPER, JAMES O.
1300 THOMASVILLE RD.
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	YANCEY, DELOS III	
STREET ADDRESS	1300 THOMASVILLE RD. 185 Bellemont Drive	
CITY-ST-ZIP	ROME GA 30165	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORRESTER, ALTUS BEN	
STREET ADDRESS	1 RICHLAND CT.	
CITY-ST-ZIP	ROME GA 30161	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, ANN	
STREET ADDRESS	1300 THOMASVILLE RD. 1504 Fish Creek Road	
CITY-ST-ZIP	ROME GA 30165 Cedartown, GA 30125	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORROW, ROBERT GREGORY	
STREET ADDRESS	347 MT. ALTO RD.	
CITY-ST-ZIP	ROME GA 30162	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, RICK A., SR.	
STREET ADDRESS	59 WILDERNESS CAMP ROAD	
CITY-ST-ZIP	WHITE GA 30184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

1800-241-7598

Daytime Phone #

CR2E034 (10/00)