

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		01062004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 58-1449898	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, MICHAEL A 33 NORTH GARDEN AVE., SUITE 1000 CLEARWATER, FL 33755-6606		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Michael A. White</u> 1/6/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANCEY, DELOS III 185 BELLEMONT DRIVE ROME, GA 30165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORRESTER, ALTUS BEN 1 RICHLAND CT. ROME, GA 30161		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, ANN 1504 FISH CREEK ROAD CEDARTOWN, GA 30125		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORROW, ROBERT GREGORY 347 MT. ALTO RD. ROME, GA 30162		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, RICK A., SR. 59 WILDERNESS CAMP ROAD WHITE, GA 30184		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered			
SIGNATURE: <u>Rick A. Gordon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Rick A. Gordon Sr. V.P., Treasurer 1-800-241-7598 <small>Date Daytime Phone</small>	