


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 018193</b>	
1. Entity Name <b>STATE MUTUAL INSURANCE COMPANY</b>	

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



02212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1449898</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WHITE, MICHAEL A 33 NORTH GARDEN AVE., SUITE 1000 CLEARWATER, FL 33755-6606</b>
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 WILSON, GRETTE E 110 VININGS DRIVE 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	

000000451891  
03/11/06-80004-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Rick A. Gordon Sr. Vice President (800) 241-7598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #