

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**



CORPORATION  
ANNUAL REPORT  
1995



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

STATE MUTUAL INSURANCE COMPANY  
DIVISION OF CORPORATIONS

95 MAR 10 PM 12:49

DOCUMENT # 018193 (3)  
1. Corporation Name  
STATE MUTUAL INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/26/1936 3a. Date of Last Report 03/17/1994  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
BOOHER, BOYD  
930 N. TEXAS AVENUE  
ORLANDO FL 32804

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
V STRAUSS, ROBERT J 28 MARGO TRAIL SE ROME, GA 00000  
V COBB, BURTON H 24 WELLINGTON WAY ROME, GA 00000  
S ROGERS, ANN 1328 ABRAMS RD SE SILVER CREEK GA  
CDP YANCEY, DELOS H 809 HORSELEG CREEK RD ROME, GA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE Vice-President  Change  Addition  
2.2 NAME Cobb, Burton H.  
2.3 STREET ADDRESS 205 Robin Street  
2.4 CITY - ST - ZIP Rome, GA 30165  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with my address.

SIGNATURE: *Robert J Strauss*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 706-291-1054  
Date Telephone #