

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 018193 (3)**  
 1. Corporation Name  
**STATE MUTUAL INSURANCE COMPANY**



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>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/26/1936</b>	
21	22	26	27	4. FEI Number <b>58-1449898</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>SHELFER, JAMES O. 1300 THOMASVILLE RD. TALLAHASSEE FL 32312</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANCEY, DELOS III</b>	1.2 NAME	
STREET ADDRESS	<b>31 HUNTINGTON</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROME GA 30165</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORRESTER, ALTUS BEN</b>	2.2 NAME	
STREET ADDRESS	<b>1 RICHLAND CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROME GA 30161</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, ANN</b>	3.2 NAME	
STREET ADDRESS	<b>1328 ABRAMS RD SE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER CREEK GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CHM</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YANCEY, DELOS H</b>	4.2 NAME	
STREET ADDRESS	<b>809 HORSELEG CREEK RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROME GA 30162</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORROW, ROBERT GREGORY</b>	5.2 NAME	
STREET ADDRESS	<b>347 MT. ALTO RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROME GA 30162</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, RICK A., SR.</b>	6.2 NAME	
STREET ADDRESS	<b>511 WATERFORD DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARTERSVILLE GA 30120-8443</b>	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.

CFR2E034 (10/97)

SIGNATURE \_\_\_\_\_