

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90013 037 ***150.00

DOCUMENT # 018193

1. Corporation 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
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DO NOT WRITE IN THIS SPACE

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

9. Name and Address of Current Registered Agent SHELPER, JAMES O. 1300 THOMASVILLE RD. TALLAHASSEE FL 32312		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANCEY, DELOS III	1.2 NAME	
STREET ADDRESS	31 HUNTINGTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROME GA 30165	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRESTER, ALTUS BEN	2.2 NAME	
STREET ADDRESS	1 RICHLAND CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROME GA 30161	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ANN	3.2 NAME	
STREET ADDRESS	1328 ABRAMS RD SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER CREEK GA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, ROBERT GREGORY	4.2 NAME	
STREET ADDRESS	347 MT. ALTO RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROME GA 30162	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, RICK A., SR.	5.2 NAME	
STREET ADDRESS	511 WATERFORD DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTERSVILLE GA 30120-6443	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Rub...* **SIGNATURE REQUIRED** **4/5/99** **706/291-1054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)