

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90031 020 ***150.00

DOCUMENT # 018193

1. Entity Name
STATE MUTUAL INSURANCE COMPANY

00037481



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 STATE MUTUAL DRIVE ONE STATE MUTUAL DRIVE
 BOX 153 P.O. BOX 153
 GA 30162-7153 ROME GA 30162-0153

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **58-1449898** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SHELFER, JAMES O.
1300 THOMASVILLE RD.
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YANCEY, DELOS III	
STREET ADDRESS	31 HUNTINGTON	
CITY-ST-ZIP	ROME GA 30165	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORRESTER, ALTUS BEN	
STREET ADDRESS	1 RICHLAND CT.	
CITY-ST-ZIP	ROME GA 30161	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, ANN	
STREET ADDRESS	1328 ABRAMS RD SE	
CITY-ST-ZIP	SILVER CREEK GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORROW, ROBERT GREGORY	
STREET ADDRESS	347 MT. ALTO RD.	
CITY-ST-ZIP	ROME GA 30162	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, RICK A., SR.	
STREET ADDRESS	511 WATERFORD DR.	
CITY-ST-ZIP	CARTERSVILLE GA 30120-6443	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon, Rick A.	
STREET ADDRESS	59 Wilderness Camp Road	
CITY-ST-ZIP	White GA 30184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rick A. Gordon* **REQUIRED** Date: **March 7, 2000** Daytime Phone #: **1-800-241-7598**

CR2E034 (9/99)