

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

REGISTRATION AT

03-13-2002 90144 034 \*\*\*150.00

**DOCUMENT # 018193**  
 1. Entity 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**

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      Applied For  
**58-1449898**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>YANCEY, DELOS III</b>	
STREET ADDRESS	<b>185 BELLEFONTAINE DRIVE</b>	
CITY-ST-ZIP	<b>ROME GA 30165</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FORRESTER, ALTUS BEN</b>	
STREET ADDRESS	<b>1 RICHLAND CT.</b>	
CITY-ST-ZIP	<b>ROME GA 30161</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ROGERS, ANN</b>	
STREET ADDRESS	<b>1504 FISH CREEK ROAD</b>	
CITY-ST-ZIP	<b>CEDARTOWN GA 30125</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MORROW, ROBERT GREGORY</b>	
STREET ADDRESS	<b>347 MT. ALTO RD.</b>	
CITY-ST-ZIP	<b>ROME GA 30162</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GORDON, RICK A., SR.</b>	
STREET ADDRESS	<b>59 WILDERNESS CAMP ROAD</b>	
CITY-ST-ZIP	<b>WHITE GA 30184</b>	
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 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*      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE