


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

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



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
 WHITE, MICHAEL A
 33 NORTH GARDEN AVE., SUITE 1000
 CLEARWATER, FL 33755-6606

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael A. White DATE: 1/6/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YANCEY, DELOS III 185 BELLEMONT DRIVE ROME, GA 30165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORRESTER, ALTUS BEN 1 RICHLAND CT. ROME, GA 30161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, ANN 1504 FISH CREEK ROAD CEDARTOWN, GA 30125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORROW, ROBERT GREGORY 347 MT. ALTO RD. ROME, GA 30162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, RICK A., SR. 59 WILDERNESS CAMP ROAD WHITE, GA 30184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000001863
 01/12/04-80027-023 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: Rick A. Gordon Rick A. Gordon Sr. V.P., Treasurer 1-800-241-7598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #