

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90080 026 ***150.00

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01052005 Chg-P CR2E034 (10/03)

DOCUMENT # 018193					
1. Entity 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		
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
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITE, MICHAEL A 33 NORTH GARDEN AVE., SUITE 1000 CLEARWATER, FL 33755-6606			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Michael A White</i>			DATE <i>1/16/05</i>		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANCEY, DELOS III		NAME	Gretta E. Wilson	
STREET ADDRESS	185 BELLÉMONT DRIVE		STREET ADDRESS	110 VININGS DRIVE	
CITY-ST-ZIP	ROME, GA 30165		CITY-ST-ZIP	ROME GA 30161	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRESTER, ALTUS BEN		NAME		
STREET ADDRESS	1 RICHLAND CT.		STREET ADDRESS		
CITY-ST-ZIP	ROME, GA 30161		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ANN		NAME		
STREET ADDRESS	1504 FISH CREEK ROAD		STREET ADDRESS		
CITY-ST-ZIP	CEDARTOWN, GA 30125		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, ROBERT GREGORY		NAME		
STREET ADDRESS	347 MT. ALTO RD.		STREET ADDRESS		
CITY-ST-ZIP	ROME, GA 30162		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, RICK A., SR.		NAME		
STREET ADDRESS	59 WILDERNESS CAMP ROAD		STREET ADDRESS		
CITY-ST-ZIP	WHITE, GA 30184		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gretta E. Wilson</i>			DATE: <i>01/05/05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		