

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90019 014 \*\*\*150.00



DOCUMENT # **018193**  
1. Entity Name  
State Mutual Insurance Company

**DO NOT WRITE IN THIS SPACE**

**40027953**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**One State Mutual Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**Po Box 153**  
Suite, Apt. #, etc.

City & State  
**Rome, GA**  
Zip  
**30165**

City & State  
**Rome, GA**  
Zip  
**30162-0153**

4. FEI Number  
**58-1449898**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**White, Michael A**  
Street Address (P.O. Box Number is Not Acceptable)  
**33 North Garden Ave., Suite 1000**  
City  
**Clearwater** **FL** Zip Code  
**33755-6606**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	<b>PRESIDENT YANCEY, DELOS III 185 BELLEFONT DRIVE ROME, GA 30165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT WILSON, GRETTA E 110 VININGS DRIVE ROME, GA 30161</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ROGERS, ANN 1504 FISH CREEK ROAD CEDARTOWN, GA 30125</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT MORROW, ROBERT GREGORY 347 MT. ALTO ROAD ROME, GA 30165</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT GORDON, RICK A 59 WILDERNESS CAMP ROAD WHITE, GA 30184</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 on an attachment with an address/ with all other like empowered.

SIGNATURE: *Sandy Bosshard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SANDY BOSSHARD** (706) 291-1054  
Date Daytime Phone #