

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 002 ***150.00

DOCUMENT # 018193
1. Entity Name
State Mutual Insurance Company



DO NOT WRITE IN THIS SPACE

40036099

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.		4. FEI Number 58-1449898	Applied For Not Applicable
City & State Rome, GA		City & State Rome, GA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 30165	Country	Zip 30162-0153	Country		

**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 Avenue, 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 _____

<p>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</p>	<p>9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Yancey, Delos III 185 Bellemont Drive Rome, GA 30165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rogers, Ann 1504 Fish Creek Road-- Cedartown, GA 30125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Morrow, Robert Gregory 347 Mt. Alto Road Rome, GA 30165	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gordon, Rick A 59 Wilderness Camp Road White, GA 30184	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rick A Gordon Rick A Gordon (706) 291-1054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)