

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018193

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** STATE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

ONE STATE MUTUAL DRIVE  
ONE STATE MUTUAL DRIVE  
ROME, GA 30165 US

**New Principal Place of Business:**

210 EAST SECOND AVENUE  
SUITE 301  
ROME, GA 30161 US

**Current Mailing Address:**

P.O. BOX 153  
ROME, GA 301620153 US

**New Mailing Address:**

**FEI Number:** 58-1449898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, MICHAEL A  
33 NORTH GARDEN AVE., SUITE 1000  
CLEARWATER, FL 337556606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YANCEY, DELOS H III  
Address: 185 BELLEFONT DRIVE  
City-St-Zip: ROME, GA 30165

Title: V  
Name: GORDON, RICK A  
Address: 11125 PARK BLVD, SUITE 104  
City-St-Zip: SEMINOLE, FL 33772

Title: S  
Name: ROGERS, ANN  
Address: 1504 FISH CREEK ROAD  
City-St-Zip: CEDARTOWN, GA 30125

Title: V  
Name: MORROW, ROBERT G  
Address: 347 MT. ALTO RD.  
City-St-Zip: ROME, GA 30162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDY BOSSHARD

VP

02/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date