

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **018193**

03 OCT 14 PM 2:50

1. Corporation Name

STATE MUTUAL INSURANCE COMPANY

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE STATE MUTUAL DRIVE
 P.O. BOX 153
 ROME GA 30162-7153

ONE STATE MUTUAL DRIVE
 P.O. BOX 153
 ROME GA 30162-7153



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1936

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1449898

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	YANCEY, DELOS III	185 BELLEMONT DRIVE	ROME GA 30165
V	FORRESTER, ALTUS BEN	1 RICHLAND CT.	ROME GA 30161
S	ROGERS, ANN	1504 FISH CREEK ROAD	CEDARTOWN GA 30125
V	MORROW, ROBERT GREGORY	347 MT. ALTO RD.	ROME GA 30162
V	GORDON, RICK A., SR.	59 WILDERNESS CAMP ROAD	WHITE GA 30184

900023830829
 10/15/03--01074--006 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHELFER, JAMES O.
 1300 THOMASVILLE RD.
 TALLAHASSEE FL 32312

Name
Michael Anthony White
 Street Address (P.O. Box Number is Not Acceptable)
33 North Garden Ave Ste. 1000
 Suite, Apt. #, Etc.
Clearwater FL
 City State Zip Code
FL 33755-6606

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03

Date

706/291-1054

Daytime Phone #

CR2E040 (7/03)