

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018193

**Entity Name:** STATE MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

210 EAST SECOND AVENUE  
SUITE 301  
ROME, GA 30161

**Current Mailing Address:**

P.O. BOX 153  
ROME, GA 30162-0153 US

**FEI Number:** 58-1449898

**Certificate of Status Desired:** No

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

WHITE, MICHAEL A  
33 NORTH GARDEN AVE., SUITE 1000  
CLEARWATER, FL 33755-6606 US

*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

**Officer/Director Detail :**

Title P  
Name YANCEY, DELOS HIII  
Address 185 BELLEMONT DRIVE  
City-State-Zip: ROME GA 30165

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

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

Title VP  
Name BURTON, RICHARD H  
Address P.O. BOX 153  
City-State-Zip: ROME GA 30162-0153

*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:** RICK A. GORDON

**EXECUTIVE VICE  
PRESIDENT**

**04/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date