

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 018193

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC7408121976**

**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  
500 GULF BLVD.  
BELLEAIR SHORES, FL 33786 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	Title	EXEC.VP & TREASURER
Name	YANCEY, DELOS HIII	Name	GORDON, RICK A
Address	185 BELLEMONT DRIVE	Address	11125 PARK BLVD, SUITE 104
City-State-Zip:	ROME GA 30165	City-State-Zip:	SEMINOLE FL 33772
Title	S	Title	VP
Name	ROGERS, ANN	Name	BURTON, RICHARD H
Address	1504 FISH CREEK ROAD	Address	P.O. BOX 153
City-State-Zip:	CEDARTOWN GA 30125	City-State-Zip:	ROME GA 30162-0153
Title	VP & CONTROLLER		
Name	AHRENS, BRYAN		
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:** ANN P ROGERS

**CORPORATE  
SECRETARY**

**02/22/2017**

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

\_\_\_\_\_  
Date