

2020 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
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	Title	VP
Name	STARKIE, KATRINA	Name	YANCEY , DELOS HARLEY IV
Address	P.O. BOX 153	Address	176 BELLEMONT DR SW
City-State-Zip:	ROME GA 30162-0153	City-State-Zip:	ROME GA 30165

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 ROGERS

**CORPORATE
SECRETARY**

05/20/2020

Electronic Signature of Signing Officer/Director Detail

Date