

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 018193

FILED
Jan 29, 2024
Secretary of State
4883315496CC

Entity Name: STATE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

1 STATE MUTUAL DRIVE
ROME, GA 30165

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CEO
Name YANCEY, DELOS H
Address P.O. BOX 153
City-State-Zip: ROME GA 30162-0153

Title PRESIDENT
Name YANCEY, D HARLEY
Address P.O. BOX 153
City-State-Zip: ROME GA 30162-0153

Title CORPORATE SECRETARY
Name BREARLEY, DAVID
Address P.O. BOX 153
City-State-Zip: ROME GA 30162-0153

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

Title VP CONTROLLER
Name BOYD, BEN
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: DAVID BREARLEY

**CORPORATE
SECRETARY**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date