

2016 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 | | |
| 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 ROGERS

SECRETARY

02/16/2016

Electronic Signature of Signing Officer/Director Detail

Date