

F99000004848

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",  
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to  
transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan Bowron-White  
(Name of Person)

Meridian Citizens Mutual Insurance Company  
(Firm/Company)

P. O. Box 1980  
(Address)

Indianapolis, Indiana 46206  
(City/State/Zip)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 SEP 17 PM 5: 09

FILED

Should you need to call someone concerning this matter, please call:

700002972577--0  
-08/27/99--01073--021  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Susan Bowron-White at ( 317 ) 931-7213  
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

F99-4848

Name	CR 92
Availability	
Document Examiner	CR
Updater	CR
Verifier	CR
Certificate of Status & Certified Copy	
Acknowledgment	
W. P. Verifier	CR

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 2, 1999

SUSAN BOWRON-WHITE  
P.O. BOX 1980  
INDIANAPOLIS, IN 46206

SUBJECT: MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY  
Ref. Number: W99000020386

We have received your document for MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Insurance Commissioner as their registered agent. The registered office address is: Capitol Bldg., Tallahassee, FL 32301.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 499A00043764

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Minnesota 3. 41-0190580  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 20, 1914 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P. O. Box 1980, Indianapolis, Indiana 46206  
  
(Current mailing address)

8. insurance  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

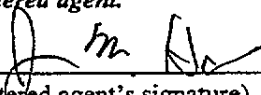
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida, 33324  
(Zip code)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

See attached

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

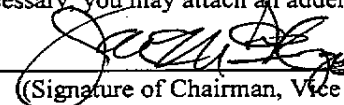
Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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19 SEP 17 PM 5:00  
SECRETARY OF STATE  
TAMPA, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. J. Mark McKinzie, Senior Vice President, Secretary, General Counsel  
(Typed or printed name and capacity of person signing application)

**BOARD OF DIRECTORS  
OF  
MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY**

**Norma Jean Oman, Chairman of the Board  
2955 North Meridian Street  
Indianapolis, Indiana 46208**

**Timothy James Hanrahan  
2955 North Meridian Street  
Indianapolis, Indiana 46208**

**Carl William Buedel  
2955 North Meridian Street  
Indianapolis, Indiana 46208**

**John Mark McKinzie  
2955 North Meridian Street  
Indianapolis, Indiana 46208**

**Steven Ray Hazelbaker  
2955 North Meridian Street  
Indianapolis, Indiana 46208**

**FILED**  
**99 SEP 17 PM 5: 00**  
**SECRETARY OF STATE**  
**INDIANAPOLIS, INDIANA**

**OFFICERS:**

**Norma Jean Oman, President & Chairman of the Board  
John Mark McKinzie, Senior Vice President, General Counsel, and Secretary  
Carl William Buedel, Senior Vice President  
Timothy James Hanrahan, Senior Vice President  
Steven Ray Hazelbaker, Vice President, Chief Financial Officer & Treasurer  
William Clayton Paumen, Vice President  
Susan Catherine Bowron-White, Assistant Secretary**

**(all addresses: 2955 North Meridian Street, Indianapolis, Indiana, 46208, with  
exception of William C. Paumen: 406 Main Street, Minneapolis, MN 55066)**

State of Minnesota

**SECRETARY OF STATE**

**CERTIFICATE OF REGISTRATION**

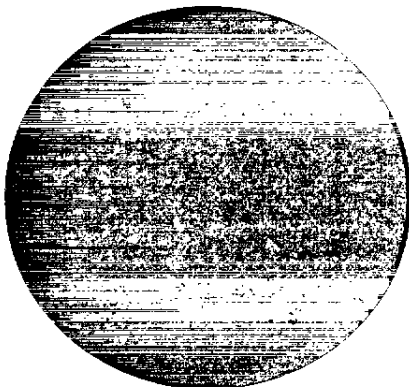
I, Mary Kiffmeyer, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: The entity listed below has registered with the Office of the Secretary of State according to the provisions of the Minnesota Statutes listed below. I further certify that the registration was made of the type and on the date listed below.

**NAME REGISTERED: MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY**

**ENTITY TYPE: Insurance**

**DATE OF REGISTRATION: 03/24/1914**

This certificate has been issued on July 16, 1999.



*Mary Kiffmeyer*  
Secretary of State.