

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
CORPORATION DIVISION
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

Form with fields: Name, Availability, Document Examiner, Date, Verifier, Certificate of Status & Certified Copy, W. P. Verifier. Includes handwritten initials and a large 'R' mark.

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

09 SEP 17 PM 5:09
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

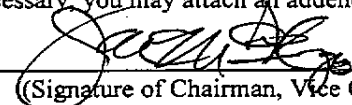
Address: _____

Treasurer: _____

Address: _____

FILED
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**

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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

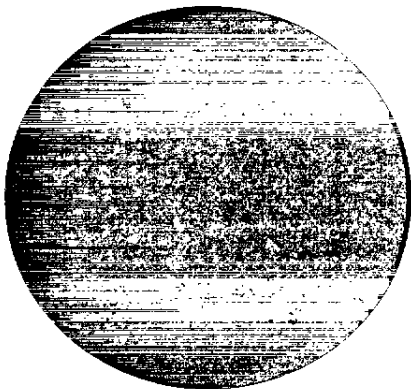
I, Mary Kiffmeyer, Secretary of State of Minnesota, keeper of the Great Seal of the State and custodian of the documents pertaining to businesses governed by the laws of this State, do hereby certify that: The entity listed below has registered with the Office of the Secretary of State according to the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