

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90068 028 ***150.00

DOCUMENT # F99000004848

1. Entity Name
MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

Principal Place of Business P.O. BOX 1980 INDIANAPOLIS IN 46206	Mailing Address P.O. BOX 1980 INDIANAPOLIS IN 46206-1980
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 41-0190580		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OMAN, NORMA JEAN			NAME	Joel E. Brown		
STREET ADDRESS	2955 NORTH MERIDIAN STREET			STREET ADDRESS	2955 N. Meridian St., Indpls., IN 46208		
CITY-ST-ZIP	INDIANAPOLIS IN 46208			CITY-ST-ZIP			
TITLE	VDS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCKINZIE, JOHN MARK			NAME	See attached for complete listing		
STREET ADDRESS	2955 NORTH MERIDIAN STREET			STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46208			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUEDEL, CARL WILLIAM			NAME			
STREET ADDRESS	2955 NORTH MERIDIAN STREET			STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46208			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANRAHAN, TIMOTHY J			NAME			
STREET ADDRESS	2955 N. MERIDIAN STREET			STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46208			CITY-ST-ZIP			
TITLE	DVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAZELBAKER, STEVEN RAY			NAME			
STREET ADDRESS	2955 NORTH MERIDIAN STREET			STREET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46208			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Rowron-White Date: 4-13-00 Daytime Phone #: 317-931-7213
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Susan Rowron-White, Asst. Secretary

CR2E034 (9/99)

Attachment 00074246
F99 000004848

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

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

**Timothy James Hanrahan
Meridian Insurance Group, Inc.
2955 North Meridian Street
Indianapolis, Indiana 46208**

**Carl William Buedel
Meridian Insurance Group, Inc.
2955 North Meridian Street
Indianapolis, Indiana 46208**

**Joel E. Brown
Meridian Insurance Group, Inc.
2955 North Meridian Street
Indianapolis, Indiana 46208**

**Steven Ray Hazelbaker
Meridian Insurance Group, Inc.
2955 North Meridian Street
Indianapolis, Indiana 46208**

OFFICERS:

Norma Jean Oman	President & Chairman of the Board
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 Bowron-White	Assistant Secretary

(all addresses: 2955 North Meridian Street, Indianapolis, Indiana, 46208)