

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004848

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

**Current Principal Place of Business:**

2955 N. MERIDIAN STREET  
INDIANAPOLIS, IN 46206

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1980  
INDIANAPOLIS, IN 462061980

**New Mailing Address:**

**FEI Number:** 41-0190580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PDC  
Name: RESTREPO, JR, ROBERT P  
Address: 518 EAST BROAD STREET  
City-St-Zip: COLUMBUS, OH 43215

Title: DEVP  
Name: BLACKBURN, MARK A  
Address: 518 E. BROAD ST  
City-St-Zip: COLUMBUS, OH 43215

Title: VS  
Name: YANO, JAMES A  
Address: 518 EAST BROAD STREET  
City-St-Zip: COLUMBUS, OH 43215

Title: VCFO  
Name: ENGLISH, STEVEN E  
Address: 518 E. BROAD ST  
City-St-Zip: COLUMBUS, OH 43215

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN BOWRON-WHITE

ASEC

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date