

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90306 006 \*\*\*\*61.25

**DOCUMENT # F99000004848**

1. Entity Name

**MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY**



Principal Place of Business

**2955 N. MERIDIAN STREET  
INDIANAPOLIS IN 46206**

Mailing Address

**PO BOX 1980  
INDIANAPOLIS IN 46206-1980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **46208**

Country

Zip

Country

4. FEI Number **41-0190580**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOONE, ROBERT H</b>	
STREET ADDRESS	<b>518 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215-3975</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, URLIN G</b>	
STREET ADDRESS	<b>7585 PERRY ROAD</b>	
CITY-ST-ZIP	<b>DELAWARE OH 43015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUK, MARION D</b>	
STREET ADDRESS	<b>1855 TIMBER VALLEY DRIVE</b>	
CITY-ST-ZIP	<b>LINN VALLEY KS 66040</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OMAN, NORMA J</b>	
STREET ADDRESS	<b>PO BOX 1980</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWTHER, JOHN R</b>	
STREET ADDRESS	<b>518 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215-3976</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSTON, STEVEN J</b>	
STREET ADDRESS	<b>9108 NEW DELAWARE RD</b>	
CITY-ST-ZIP	<b>MOUNT VERNON OH 43050</b>	

TITLE	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/V/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

See attached list

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Steven J. Johnston*

4/15/03

317.931.7213

CR2E037 (10/02)

*Attachment #*

Meridian Citizens Mutual Insurance Company

**Officers**

*90095695*  
*F99000003848*

Robert H. Moone  
Chairman of the Board, President and Chief Executive Officer  
9050 Robinhood Circle  
Westerville, Ohio 43082

Steven J. Johnston  
Senior Vice President and Chief Financial Officer  
9108 New Delaware Road  
Mt. Vernon, Ohio 43050

Mark A. Blackburn  
Senior Vice President  
4949 Red Bank Road  
Galena, Ohio 43021

John R. Lowther  
Senior Vice President, Secretary and General Counsel  
2399 Bexley Park Road  
Bexley, Ohio 43209

Nelson E. McCants  
Assistant Vice President  
4906 Stillbreeze court  
Gahanna, OH 43230

Steven R. Hazelbaker  
Vice President  
1425 Eagle Trace Court  
Greenwood, Indiana 46143

James E. Duemey  
Vice President  
1497 Harrison Pond Drive  
New Albany, Ohio 43054

Steven E. English  
Vice President and Treasurer  
6921 Four Winds Court  
Brownsburg, Indiana 46112

Susan Bowron-White  
Assistant Secretary  
150 Lexington Court  
Zionsville, IN. 46077

*Attachment #*

*90095695*

*F99000004848*

**Meridian Citizens Mutual Insurance Company**

**Directors**

Michael F. Dodd  
861 Brentford Drive  
Columbus, Ohio 43220

Urlin G. Harris, Jr.  
7585 Perry Road  
Delaware, OH 43015

Marion D. Houk  
RR#3 Box L269  
1855 Timber Valley Drive  
Linn Valley, KS 66040

Ramon L. Humke  
7624 William Penn Place  
Indianapolis, IN 46256

Steven J. Johnston  
9108 New Delaware Road  
Mt. Vernon, Ohio 43050

James E. Kunk  
7298 Rosegate Place  
Dublin, Ohio 43017

John R. Lowther  
2399 Bexley Park Road  
Bexley, Ohio 43209

Robert H. Moone  
9050 Robinhood Circle  
Westerville, Ohio 43082

Paul J. Otte  
5672 Lynx Drive  
Westerville, Ohio 43081

Dennis Ray Blank  
9097 Oakwood Point  
Westerville, Ohio 43082