

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000004848

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

**Current Principal Place of Business:**

2955 N. MERIDIAN STREET  
INDIANAPOLIS, IN 46208

**Current Mailing Address:**

PO BOX 1980  
INDIANAPOLIS, IN 46206-1980

**FEI Number: 41-0190580**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399 US

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC4220050212**

*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

**Officer/Director Detail :**

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

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

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

Title TREASURER, CHIEF ACCOUNTING OFFICER  
Name POLLAK, MATTHEW S  
Address 518 EAST BROAD STREET  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name FIORILE, MICHAEL J  
Address 34 SOUTH THIRD STREET  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name KUNK, JAMES E.  
Address 41 SOUTH HIGH STREET  
City-State-Zip: COLUMBUS OH 43287

Title DIRECTOR  
Name OTTE, PAUL J.  
Address 201 S. GRANT AVENUE  
City-State-Zip: COLUMBUS OH 43215

Title DIRECTOR  
Name RYAN, MARSHA P.  
Address 23 PICKETT PLACE  
City-State-Zip: NEW ALBANY OH 43054

**Continues on page 2**

*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: JAMES A. YANO**

**SECRETARY**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SIMCOX, EDWIN J.  
Address 1600 ONE AMERICA SQUARE  
City-State-Zip: INDIANAPOLIS IN 46282

Title DIRECTOR  
Name SMITH, DWIGHT E.  
Address 2191 CITY GATE DRIVE  
City-State-Zip: COLUMBUS OH 43219

Title DIRECTOR  
Name SUGARMAN, ROGER P.  
Address 1800 CAPITOL SQ., 65 E. STATE STREET, 18TH  
FLOOR  
City-State-Zip: COLUMBUS OH 43215