

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*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 VCFO
Name ENGLISH, STEVEN E
Address 518 E. BROAD ST
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 OTTE, PAUL J.
Address 201 S. GRANT AVENUE
City-State-Zip: COLUMBUS OH 43215

Title VS
Name YANO, JAMES A
Address 518 EAST BROAD STREET
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 KUNK, JAMES E.
Address 41 SOUTH HIGH STREET
City-State-Zip: COLUMBUS OH 43287

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

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

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