

F99000004845

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MERIDIAN SECURITY INSURANCE COMPANY
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan Bowron-White

(Name of Person)

Meridian Security Insurance Company

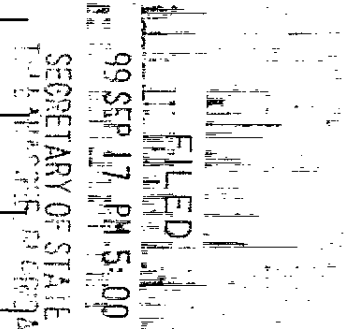
(Firm/Company)

P. O. Box 1980

(Address)

Indianapolis, Indiana 46206

(City/State/Zip)



100002972581--8

Should you need to call someone concerning this matter, please call:

08/27/99-D1073-022
*****78.75 *****78.75

Susan Bowron-White
(Name of Person)

at (317) 931-7213

(Area Code & Daytime Telephone Number)

F99-4845

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Name Available	CR 9-2
Document	CR
Expiration	CR
Date	CR
Payee	CR
Known/Unknown	CR
P. Verifier	CR

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 2, 1999

SUSAN BOWRON-WHITE
P.O. BOX 1980
INDIANAPOLIS, IN 46206

SUBJECT: MERIDIAN SECURITY INSURANCE COMPANY
Ref. Number: W99000020387

We have received your document for MERIDIAN SECURITY INSURANCE COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Insurance Commissioner as their registered agent. The registered office address is: Capitol Bldg., Tallahassee, FL 32301.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 399A00043765

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 17 PM 5:00

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MERIDIAN SECURITY INSURANCE COMPANY

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Indiana

(State or country under the law of which it is incorporated)

3. 35-1135866

(FEI number, if applicable)

4. July 25, 1967

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. P. O. Box 1980, Indianapolis, Indiana 46206

(Current mailing address)

8. insurance

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

, Florida,

33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

J. M. Holt
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
09 SEP 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

See attached

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

FILED
09 SEP 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

J. Mark McKinzie, Senior Vice President, Secretary, and General Counsel

(Typed or printed name and capacity of person signing application)

**BOARD OF DIRECTORS
OF
MERIDIAN SECURITY INSURANCE COMPANY**

Norma Jean Oman, Chairman of the Board
2955 North Meridian Street
Indianapolis, Indiana 46208

Timothy James Hanrahan
2955 North Meridian Street
Indianapolis, Indiana 46208

Carl William Buedel
2955 North Meridian Street
Indianapolis, Indiana 46208

John Mark McKinzie
2955 North Meridian Street
Indianapolis, Indiana 46208

Steven Ray Hazelbaker
2955 North Meridian Street
Indianapolis, Indiana 46208

OFFICERS:

Norma Jean Oman, President & Chairman of the Board
John Mark McKinzie, Senior Vice President, General Counsel, and Secretary
Carl William Buedel, Senior Vice President
Timothy James Hanrahan, Senior Vice President
Steven Ray Hazelbaker, Vice President, Chief Financial Officer & Treasurer
William Henry Michael Beikes, Sr., Vice President
Joel Edward Brown, Vice President
James Harold Lyon, Vice President
Margo Lyon Townsend, Vice President
Joyce Kay Wright, Vice President
Susan Catherine Bowron-White, Assistant Corporate Secretary

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

FILED
99 SEP 17 PM 5:00
SECRETARY OF STATE
INDIANAPOLIS, INDIANA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

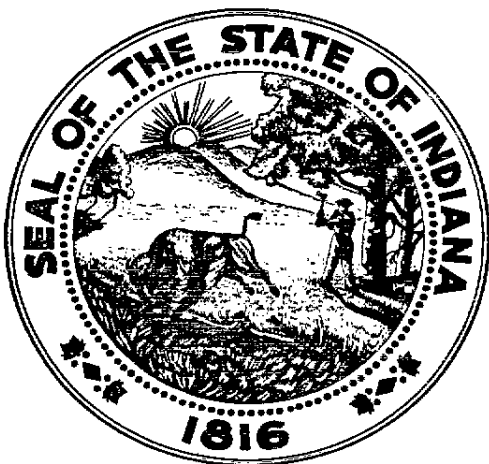
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MERIDIAN SECURITY INSURANCE COMPANY

filed Articles of Incorporation on July 25, 1967, and is a corporation duly organized and existing under and by virtue of the laws of the State of Indiana.

I further certify this corporation has filed its most recent annual report required by Indiana law with the Secretary of State, or is not yet required to file such annual reports, and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twelfth day of July, 1999.

Sue Anne Gilroy
SUE ANNE GILROY, Secretary of State

[Signature]
Deputy