## 2001 UNIFORM BUSINESS REPORT (UBR) May 25, 2001 8:00 am Secretary of State DOCUMENT # 05-25-2001 90297 001 \*\*\*422.50 MERIDIAN SECURITY INSURANCE COMPANY Principal Place of Business Mailing Address 3. Mailing Address 2. Principal Place of Business 2955 N. Meridian St. P. O. Box 1980 Suite, Apt. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 35-1135866 Indianapolis, IN Indianapolis, IN Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 46208 46206-1980 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT Corporation Stree: Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Plantation, FL 33324 Zin Code City 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. SIGNATURE DATE 5 gnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 201 Fee will be \$550.00 Tax filing requirement and elects to do so. \_Trust Fund Contribution.\_\_ \_Added to Fe∈s (See criteria on back) Make Check Payab 1 to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME See Attached STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME DAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP noitible 🔲 ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for ne 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 man officer or directors. indicated on this report or supplemental report is true and accurate and that me 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or d in an attachment with an address, with all other like empower SIGNATURE

STENATURE AND TYPED OF PRINTED NAME OF SIGNI

## 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

Steven Ray Hazelbaker 2955 North Meridian Street Indianapolis, Indiana 46208

Joel Edward Brown 2955 North Meridian Street Indianapolis, Indiana 46208

(Mailing address for all Directors is P. O. Box 1980, Indianapolis, IN 46206-1980)

## OFFICERS:

Norma Jean Oman Carl William Buedel Timothy James Hanrahan Steven Ray Hazelbaker

Joel Edward Brown
James Harold Lyon
Steven Eugene English
Margo Lyon Townsend
Joyce Kay Wright
Susan Catherine Bowron-White

Senior Vice President
Senior Vice President
Executive Vice President and
Chief Operating Officer
Vice President
Vice President

President & Chairman of the Board

Treasurer and Chief Financial Officer Vice President Vice President Corporate Secretary

(all addresses: 2955 North Meridian Street, Indianapolis, Indiana, 46208. Mailing address is P. O. Box 1980, Indianapolis, IN 46206-1980.)