

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90019 010 ***150.00

DOCUMENT # F99000004845

1. Entity Name

MERIDIAN SECURITY INSURANCE COMPANY



Principal Place of Business

**2955 N MERIDIAN STREET
INDIANAPOLIS IN 46208**

Mailing Address

**P.O. BOX 1980
INDIANAPOLIS IN 46206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1135866

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OMAN, NORMA JEAN 2955 NORTH MERIDIAN STREET INDIANAPOLIS IN 46208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAZELBAKER, STEVEN RAY 2955 NORTH MERIDIAN STREET INDIANAPOLIS IN 46208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROWN, JOEL E 2955 N MERIDIAN ST INDIANAPOLIS IN 46208	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD LOWTHER, JOHN R. 518 E BROAD ST COLUMBUS OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MOONE, ROBERT H. 518 E BROAD ST COLUMBUS OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, STEVEN J. 518 E BROAD ST COLUMBUS OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *John R. Lowther* **John R. Lowther**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

614 464-5000

Daytime Phone #

Attachment

HF99000004845

MERIDIAN SECURITY INSURANCE COMPANY

NAMES ADDITIONAL OFFICERS

Mark A. Blackburn
Senior VP
518 E. Broad Street
Columbus, Ohio 43215

Margo A. Lyon
VP
2955 N. Meridian St
Indianapolis, IN 46208

Steven E. English
VP and Treasurer
2955 N Meridian St
Indianapolis, IN 46208

James E. Duemey
VP
518 E. Broad Street
Columbus, Ohio 43215

Joyce K. Wright
VP
2955 N Meridian St
Indianapolis, IN 46208

Kim Bailey
VP
2955 N Meridian St
Indianapolis, IN 46208

Larry D. Williams
VP
518 E. Broad Street
Columbus, Ohio 43215

Attachment

NAMES ADDITIONAL DIRECTORS

F99000004845

Paul J. Otte
201 S. Grant Ave
Columbus, OH 43215

Dennis R. Blank
477 S. Front St.
Columbus, OH 43215

Marsha P. Ryan
~~One Riverside Plaza~~
Columbus, OH 43215

Gerald L. Bepko
530 W. New York St.
Indianapolis, IN 46202

Mark. A. Blackburn
518 E. Broad Street
Columbus, OH 43215

Michael F. Dodd
861 Brentford Dr
Columbus, OH 43220

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

James E. Kunk
41 S. High Street
Columbus, OH 43215

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

Michael J. Fiorile
770 Twin Rivers Dr
Columbus, OH 43215