

F99 000004846

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: MERIDIAN MUTUAL 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 Mutual Insurance Company
(Firm/Company)

P. O. Box 1980
(Address)

Indianapolis, Indiana 46206
(City/State/Zip)

FILED
09 SEP 17 PM 5:00
SECRETARY OF STATE
CORPORATION DIVISION

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

500002972585-5
-08/27/99-01073-023
*****78.75 *****78.75

Susan Bowron-White at (317) 931-7213
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

F99-4846

Name	029-21
Availability	
Document	
Examiner	
Updater	
Updater	
Verifier	
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 MUTUAL INSURANCE COMPANY
Ref. Number: W99000020390

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

We have received your document for MERIDIAN MUTUAL 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: 199A00043767

**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 MUTUAL 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 3. 35-0913391
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 23, 1952 5. Perpetual
(Date of incorporation) (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)

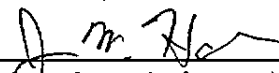
8. insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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.


(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
SEP 17 PM 5:00
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
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
99 SEP 17 PM 5:00
SECRETARY OF STATE
TREASURY DIVISION

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, General Counsel

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

BOARD OF DIRECTORS
OF
MERIDIAN MUTUAL INSURANCE COMPANY

John Thomas Hackett
CID Equity Partners
2850 One American Square
Indianapolis, Indiana 46282

George Benjamin Lantz, Jr.
2043 Waters Edge
Bloomington, IN 47401

Ramon Lyle Humke (Chairman)
Indianapolis Power & Light Co.
25 Monument Circle
P. O. Box 1595
Indianapolis, Indiana 46204

Martha Dampf Lamkin
4145 Washington Boulevard
Indianapolis, IN 46205

Norma Jean Oman
Meridian Insurance Group, Inc.
2955 North Meridian Street
Indianapolis, Indiana 46208

Douglas Wayne Huemme
Lilly Industries, Inc.
733 S. West Street
Indianapolis, IN 46225

Sally Wilkens Rowland
Rowland Design, Inc.
701 East New York Street
Indianapolis, Indiana 46202

James Doggett Price
Prudential Securities, Inc.
201 N. Illinois, Suite 2100
Indianapolis, Indiana 46204

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

OFFICERS
OF
MERIDIAN MUTUAL INSURANCE COMPANY

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

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

(Street address: 2955 N. Meridian Street, Indianapolis, Indiana, 46208)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

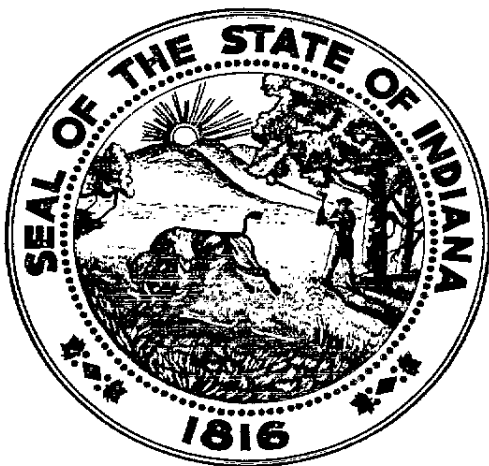
I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MERIDIAN MUTUAL INSURANCE COMPANY

filed Articles of Incorporation on December 23, 1952, and is a nonprofit 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

JK
Deputy



Meridian® Insurance
Meridian Mutual Insurance Company
Meridian Security Insurance Company
Meridian Citizens Mutual Insurance Company
Meridian Citizens Security Insurance Company

Legal Division

August 26, 1999

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Application by Foreign Corporation for Authorization to Transact Business in Florida
Meridian Mutual Insurance Company
Meridian Security Insurance Company
Meridian Citizens Mutual Insurance Company
Meridian Citizens Security Insurance Company

Dear Ladies and Gentlemen:

Enclosed please find an Application by Foreign Corporation for Authorization to Transact Business in Florida for each of the four above-listed insurance companies.

Thank you for your assistance in processing these applications.

Sincerely yours,

MERIDIAN INSURANCE

Susan Bowron-White
Associate General Counsel

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