


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90151 012 \*\*\*\*61.25

**DOCUMENT # F99000004848**

1. Entity Name  
**MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY**



Principal Place of Business  
 2955 N. MERIDIAN STREET  
 INDIANAPOLIS, IN 46206

Mailing Address  
 PO BOX 1980  
 INDIANAPOLIS, IN 46206-1980

**50012215**



2. Principal Place of Business		3. Mailing Address		04052006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-0190580	
				Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC MOONE, ROBERT H 518 EAST BROAD STREET COLUMBUS, OH 43215	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC Restrepo Jr., Robert P. 518 East Broad Street Columbus, OH 43215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, URLIN G 7585 PERRY ROAD DELAWARE, OH 43015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWTHER, JOHN R 518 EAST BROAD STREET COLUMBUS, OH 43215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, STEVEN J 9108 NEW DELAWARE RD COLUMBUS, OH 43215	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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 617, 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** **4-6-06** **(614) 464-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

500/2215

#F9900004848

MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

**NAMES ADDITIONAL OFFICERS**

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

Steven R. Hazelbaker  
VP  
518 E. Broad Street  
Columbus, Ohio 43215

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

David W. Dalton  
VP and Internal Auditor  
518 E. Broad Street  
Columbus, Ohio 43215

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

# ATTACHMENT

500/22/5  
# F99000004848

## NAMES ADDITIONAL DIRECTORS

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

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

Marsha P. Ryan  
1 Summit Square  
Fort Wayne, IN 46801

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