


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 033 ****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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40101300



05012007 Chg-NP CR2E037 (12/06)

4. FEI Number 41-0190580		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 RESTREPO, JR, ROBERT P 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	D HARRIS, URLIN G 7585 PERRY ROAD DELAWARE, OH 43015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Blackburn, Mark A. 518 E. Broad St. Columbus, OH 43215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWTHER, JOHN R 518 EAST BROAD STREET COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yano, James A. 518 E. Broad Street Columbus, OH 43215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSTON, STEVEN J 9108 NEW DELAWARE RD COLUMBUS, OH 43215 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFOT English, Steven E. 518 E. Broad Street Columbus, OH 43215 <input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Yano

5/1/07

Date

614-464-5000

Daytime Phone #

ATTACHMENT 40107468

#F 99000004848

MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

NAMES ADDITIONAL OFFICERS

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

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

Joel E. Brown
VP
518 E. Broad Street
Columbus, Ohio 43215

Noreen W. Johnson
VP
518 E. Broad Street
Columbus, Ohio 43215

Paul E. Nordman
VP
518 E. Broad Street
Columbus, Ohio 43215

Cynthia A. Powell
VP
518 E. Broad Street
Columbus, Ohio 43215

Mary J. Reynolds
VP
518 E. Broad Street
Columbus, Ohio 43215

ATTACHMENT
40107468
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NAMES ADDITIONAL DIRECTORS

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

Dennis R. Blank
15078 Harbor Point West
Thornville, OH 43076

Kenan L. Schultheis
32 N. Weinbach
Evansville, IN 47711

Michael F. Dodd
861 Brentford Drive
Columbus, OH 43220

James E. Kunk
41 S. High Street
Columbus, OH 43287

Edwin J. Simcox
1600 One American Square
Indianapolis, IN 46282