

**F99000004848**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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15 MAY 27 PM 12:45

RECEIVED FOR STATE  
SECRETARY OF REVENUE  
MAY 27 2015 12:45 PM

MAY 28 2015  
C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2015

SUE BOWRON-WHITE / STATE AUTOMOBILE MUTUAL INSURANCE  
2955 N. MERIDIAN STREET  
INDIANAPOLIS, IN 46208 US

SUBJECT: STATE AUTOMOBILE MUTUAL INSURANCE COMPANY  
Ref. Number: 810269

We have received your document for STATE AUTOMOBILE MUTUAL INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Two foreign corporations can not merge. You file the merger in the home state. The one that merged out of existence must be withdrawn.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 315A00010156



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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Carolyn Lewis  
Regulatory Specialist II

Letter Number: 315A00010156

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Meridian Citizens Mutual Insurance Co.  
(Name of Corporation)

**DOCUMENT NUMBER:** F99000004848

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Bowron-White  
(Name of Person)

State Auto Insurance Companies  
(Firm/Company)

2955 N. Meridian Street  
(Address)

Indianapolis, IN 46208  
(City/State and Zip code)

For further information concerning this matter, please call:

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

Enclosed is a check for the amount:

- \$35 Filing Fee
  - \$43.75 Filing Fee & Certificate of Status
  - \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
  - \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
- ( \$35 sent previously )*

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 MAY 27 PM 12:45

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Meridian Citizens Mutual Insurance Company**

(Name of Corporation)

**F99000004848**

(Document Number of Corporation (if known))

**Indiana**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

**518 E. Broad Street**

(Mailing Address)

**Columbus, Ohio 43215**

(City/ State /Zip)

15 MAY 27 PM 12:45  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*Susan Bowron-White*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**May 22, 2015**

(Date)

**Susan Bowron-White**

(Typed or printed name of person signing)

**Assistant Secretary**

(Title of person signing)

**FILING FEE \$35**