

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90022 001 \*\*\*\*61.25

**DOCUMENT # F99000004848**

1. Entity Name

**MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY**

Principal Place of Business

Mailing Address

2955 N. MERIDIAN STREET  
 INDIANAPOLIS IN 46206

PO BOX 1980  
 INDIANAPOLIS IN 46206-1980

**00046450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

**\$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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FILE NOW FEES \$8.75~~

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOONE, ROBERT H</b>	
STREET ADDRESS	<b>518 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215-3975</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARRIS, URLIN G</b>	
STREET ADDRESS	<b>7585 PERRY ROAD</b>	
CITY-ST-ZIP	<b>DELAWARE OH 43015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOUK, MARION D</b>	
STREET ADDRESS	<b>1855 TIMBER VALLEY DRIVE</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OMAN, NORMA J</b>	
STREET ADDRESS	<b>PO BOX 1980</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOWTHER, JOHN R</b>	
STREET ADDRESS	<b>518 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215-3976</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, STEVE J</b>	
STREET ADDRESS	<b>518 EAST BROAD STREET</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43215-3978</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Linn Valley, KS 66040</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVEN J. JOHNSTON</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Susan Brown-White* Secretary  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Susan Brown-White, Secretary

March 5, 2002 317-931-7213

Date Daytime Phone #

CR2E037 (9/01)

B0046450

**Meridian Citizens Mutual Insurance Company**

**Officers**

*Attachment*

*#199000004878*

Robert H. Moone  
Chairman of the Board and Chief Executive Officer  
9050 Robinhood Circle  
Westerville, Ohio 43082

Norma J. Oman  
President  
2 West 64<sup>th</sup> Street  
Indianapolis, Indiana 46260

Steven J. Johnston  
Senior Vice President and Chief Financial Officer  
9108 New Delaware Road  
Mt. Vernon, Ohio 43050

Mark A. Blackburn  
Senior Vice President  
4949 Red Bank Road  
Galena, Ohio 43021

John R. Lowther  
Senior Vice President, Assistant Secretary and General Counsel  
2399 Bexley Park Road  
Bexley, Ohio 43209

Steven R. Hazelbaker  
Vice President  
1425 Eagle Trace Court  
Greenwood, Indiana 46143

James E. Duemey  
Vice President  
1497 Harrison Pond Drive  
New Albany, Ohio 43054

Steven E. English  
Vice President and Treasurer  
6921 Four Winds Court  
Brownsburg, Indiana 46112

Susan Bowron-White  
Secretary  
150 Lexington Court  
Zionsville, IN. 46077

60046450

## Meridian Citizens Mutual Insurance Company Directors

Michael F. Dodd  
861 Brentford Drive  
Columbus, Ohio 43220

*Attachment*

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

*# 799 000004848*

Marion D. Houk  
RR#3 Box L269  
1855 Timber Valley Drive  
Linn Valley, KS 66040

Steven J. Johnston  
9108 New Delaware Road  
Mt. Vernon, Ohio 43050

James E. Kunk  
7298 Rosegate Place  
Dublin, Ohio 43017

John R. Lowther  
2399 Bexley Park Road  
Bexley, Ohio 43209

Robert H. Moone  
9050 Robinhood Circle  
Westerville, Ohio 43082

Norma J. Oman  
2 West 64<sup>th</sup> Street  
Indianapolis, Indiana 46260

Paul J. Otte  
5672 Lynx Drive  
Westerville, Ohio 43081

Richard K. Smith  
7161 South Dune Highway  
Empire, MI 49630