

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"/> \$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. 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	PDC	<input checked="" type="checkbox"/> Delete		TITLE	PDC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MOONE, ROBERT H			NAME	Restrepo Jr., Robert P.		
STREET ADDRESS	518 EAST BROAD STREET			STREET ADDRESS	518 East Broad Street		
CITY-ST-ZIP	COLUMBUS, OH 43215			CITY-ST-ZIP	Columbus, OH 43215		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, URLIN G			NAME			
STREET ADDRESS	7585 PERRY ROAD			STREET ADDRESS			
CITY-ST-ZIP	DELAWARE, OH 43015			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWTHER, JOHN R			NAME			
STREET ADDRESS	518 EAST BROAD STREET			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43215			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSTON, STEVEN J			NAME			
STREET ADDRESS	9108 NEW DELAWARE RD			STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS, OH 43215			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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
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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