

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# F99000004848

Entity Name: MERIDIAN CITIZENS MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

2955 N. MERIDIAN STREET
INDIANAPOLIS, IN 46206

New Principal Place of Business:

Current Mailing Address:

PO BOX 1980
INDIANAPOLIS, IN 462061980

New Mailing Address:

FEI Number: 41-0190580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: RESTREPO, JR, ROBERT P
Address: 518 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: VD () Delete
Name: BLACKBURN, MARK A
Address: 518 E. BROAD ST
City-St-Zip: COLUMBUS, OH 43215

Title: VS () Delete
Name: YANO, JAMES A
Address: 518 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: VCFO () Delete
Name: ENGLISH, STEVEN E
Address: 518 E. BROAD ST
City-St-Zip: COLUMBUS, OH 43215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BOWRON-WHITE

ASEC

04/24/2009

Electronic Signature of Signing Officer or Director

Date