

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213517927

1.) CORPORATION NAME:

Meridian Citizens Mutual Insurance Company

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICAN, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1859844**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2955 N MERIDIAN ST

CITY/ST/ZIP: INDIANAPOLIS, IN 46208

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT P RESTREPO JR
TITLE: PRES CEO CHAIR
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

OFFICER

DIRECTOR

NAME: DOUGLAS E ALLEN
TITLE: VP DIR IT
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

OFFICER

DIRECTOR

NAME: JOEL E BROWN
TITLE: VICE PRESIDENT
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

OFFICER

DIRECTOR

NAME: JESSICA E. BUSS
TITLE: VICE PRESIDENT
ADDRESS: 700 W. 47TH ST.
CITY/ST/ZIP/CO: KANSAS CITY, MO 64112

OFFICER

DIRECTOR

NAME: JOYCE A. DALLESSIO
TITLE: VICE PRESIDENT
ADDRESS: 518 E. BROAD ST.
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

OFFICER

DIRECTOR

NAME: DAVID W DALTON
TITLE: VP DIA
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY D. EDWARDS VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E. ENGLISH VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R. HAZELBAKER VICE PRESIDENT 2955 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICKY L. HOLBEIN VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. HUNCKLER VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S. MROZEK VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E. NORDMAN VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M. PETRUCCI VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A. POWELL VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY G. REIK VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. JEAN REYNOLDS VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE D. RHODEBECK VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRAINE M. SEIGWORTH VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY E. WILLEFORD VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN BOWRON-WHITE ASST SECRETARY 2955 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE H FITCH SVP CSO 518 E BROAD ST COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEON M. NEDDO, JR. ASST SECRETARY 2955 N. MERIDIAN ST. INDIANAPOLIS, IN 46208	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. YANO SECRETARY 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E. KUNK DIRECTOR 41 S. HIGH ST. COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL J. OTTE DIRECTOR 201 S. GRANT AVENUE COLUMBUS, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWIN J. SIMCOX DIRECTOR 1600 ONE AMERICAN SQUARE INDIANAPOLIS, IN 46282	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DWIGHT E. SMITH DIRECTOR 2191 CITY GATE DRIVE COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Alison G. Coolbrith TITLE: DIRECTOR ADDRESS: 19 Schuyler Lane CITY/ST/ZIP/CO: Bloomfield, CT 06002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Marsha P. Ryan TITLE: DIRECTOR ADDRESS: 23 Pickett Place CITY/ST/ZIP/CO: New Albany, OH 43054	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael J. Fiorile TITLE: DIRECTOR ADDRESS: 34 South Third Street CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Roger P. Sugarman TITLE: DIRECTOR ADDRESS: 1800 Capitol Square 65 East State Street, 18th Floor CITY/ST/ZIP/CO: Columbus, OH 43215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SUSAN BOWRON-WHITE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN BOWRON-WHITE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/15/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		