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SEP 20 2004
TALLAHASSEE, FLORIDA

04 SEP 20 PM 4:05



The Medical Protective Company

September 13, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Application for Certificate of Authority
Medical Protective Finance Corporation

Dear Secretary:

Enclosed please find this company's check (No. 34114), in the amount of \$78.75 for the filing of the above-referenced Certificate of Authority. Also enclosed is a list of the Board of Directors and Officers of Medical Protective Finance Corporation, Articles of Incorporation, as well as the Certificate of Existence, which are required to be attached, to the application

If you need any further information or have questions regarding the enclosed, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gerald D. Ediger', followed by a long horizontal line.

Gerald D. Ediger
Vice President – Legal

GDE:cal
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDICAL PROTECTIVE FINANCE CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GERALD EDIGER

(Name of Person)

GE MEDICAL PROTECTIVE COMPANY

(Firm/Company)

5814 REED ROAD

(Address)

FORT WAYNE, IN 46835

(City/State and Zip code)

For further information concerning this matter, please call:

GERALD EDIGER

(Name of Person)

at (260) 486-0397

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MEDICAL PROTECTIVE FINANCE CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. INDIANA

(State or country under the law of which it is incorporated)

3. 35-1680543

(FEI number, if applicable)

4. MARCH 10, 1986

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5814 REED ROAD FORT WAYNE, IN 46835

(Principal office address)

5814 REED ROAD FORT WAYNE, IN 46835

(Current mailing address)

8. INSURANCE PREMIUM FINANCING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin
(Registered agent's signature)

James M. Halpin
Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 SEP 20 PM 4:05

FILED

A. DIRECTORS

Chairman: SEE ATTACHED SHEET

Address: _____

Vice Chairman: SEE ATTACHED SHEET

Address: _____

Director: SEE ATTACHED SHEET

Address: _____

Director: SEE ATTACHED SHEET

Address: _____

B. OFFICERS

President: SEE ATTACHED SHEET

Address: _____

Vice President: SEE ATTACHED SHEET

Address: _____

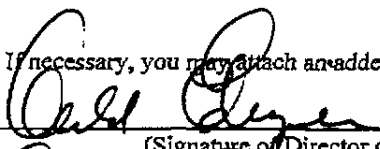
Secretary: SEE ATTACHED SHEET

Address: _____

Treasurer: SEE ATTACHED SHEET

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Gerald Ediger Vice President - Legal
(Typed or printed name and capacity of person signing application)

Board of Directors:

Name: Timothy J. Kenesey-Member
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Joe Svitek-Member
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Trent Heinemeyer-Secretary
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Gerald Ediger-Asst. Secretary
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Officers:

Name: Timothy J. Kenesey, President and CEO
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Joe Svitek, Vice President-Finance
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Ron E. Miller, Vice President-Tax
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Trent Heinemeyer, General Counsel and Secretary
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

Name: Gerald Ediger, Vice President-Legal and Secretary
Address: 5814 Reed Road
City, State, Zip: Fort Wayne, IN 46835

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDICAL PROTECTIVE FINANCE CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 10, 1986, and was in existence or authorized to transact business in the State of Indiana on July 26, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Sixth Day of July, 2004 .

A handwritten signature in cursive script that reads "Todd Rokita".

TODD ROKITA, Secretary of State

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