

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005452

FILED
Apr 19, 2005
Secretary of State

Entity Name: MEDICAL PROTECTIVE FINANCE CORPORATION

Current Principal Place of Business:

5814 REED ROAD
FORT WAYNE, IN 46835

New Principal Place of Business:

Current Mailing Address:

5814 REED ROAD
FORT WAYNE, IN 46835

New Mailing Address:

FEI Number: 35-1680543

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: KENESEY, TIMOTHY J
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: DV () Delete
Name: SVITEK, JOE
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: DGCS () Delete
Name: HEINEMEYER, TRENT
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: DSV () Delete
Name: EDIGER, GERALD
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: V () Delete
Name: MILLER, RON E
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: V (X) Change () Addition
Name: JACOBS, PHILIP
Address: 5200 METCALF
City-St-Zip: OVERLAND PARK, KS 66201

Title: AS () Change (X) Addition
Name: THOMPSON, ANN E
Address: 5200 METCALF
City-St-Zip: OVERLAND PARK, KS 66201

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. SVITEK

DV

04/19/2005

Electronic Signature of Signing Officer or Director

Date