


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90183 018 ***150.00

DOCUMENT # F04000005452 1. Entity Name MEDICAL PROTECTIVE FINANCE CORPORATION					
Principal Place of Business 5814 REED ROAD FORT WAYNE, IN 46835			Mailing Address 5814 REED ROAD FORT WAYNE, IN 46835		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<div style="display: flex; justify-content: space-between;"> 04242006 Chg-P CR2E034 (11/05) </div>					
4. FEI Number 35-1680543				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE KENESEY, TIMOTHY J 5814 REED ROAD FORT WAYNE, IN 46835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Ajit Jain 100 First Stamford Place Stamford, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SVITEK, JOE 5814 REED ROAD FORT WAYNE, IN 46835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald F. Wurster 3024 Harney Street Omaha, NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DGCS HEINEMEYER, TRENT 5814 REED ROAD FORT WAYNE, IN 46835	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Forrest N. Krutter 3024 Harney Street Omaha, NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV EDIGER, GERALD 5814 REED ROAD FORT WAYNE, IN 46835	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel J. Jaksich 3024 Harney Street Omaha, NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JACOBS, PHILIP 5200 METCALF OVERLAND PARK, KS 66201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Mallard 1440 Kiewit Plaza Omaha, NE 68131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THOMPSON, ANN E 5200 METCALF OVERLAND PARK, KS 66201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jo Ellen Reick 1440 Kiewit Plaza Omaha, NE 68131
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 607, 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: _____ Joseph A. Svitek, CFO 4/24/06 260-485-9622 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					