

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90073 031 \*\*\*150.00

<b>DOCUMENT # F04000005452</b>	
1. Entity Name <b>MEDICAL PROTECTIVE FINANCE CORPORATION</b>	

Principal Place of Business <b>5814 REED ROAD FORT WAYNE, IN 46835</b>	Mailing Address <b>5814 REED ROAD FORT WAYNE, IN 46835</b>
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40075503



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>35-1680543</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

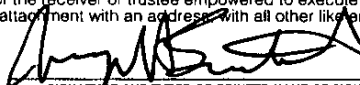
DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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	DP Keneseey, Timothy J 5814 Reed Road Fort Wayne, IN 46835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	T Svitek, Joe A. 5814 Reed Road Fort Wayne, IN 46835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	DS Heinemeyer, Trent 5814 Reed Road Fort Wayne, IN 46835 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached Listing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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/Treasurer 4/17/07 260-485-9622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40075394  
#F04000005452

**Medical Protective Finance Corporation**  
Officers & Directors

Board of Directors	Title	Business Address
Timothy J. Kenesey	Member	5814 Reed Road Fort Wayne, IN 46835
Ajit Jain	Chair	100 First Stamford Place, Stamford, CT 06902
Donald F. Wurster	Member	3024 Harney Street, Omaha, NE 68131
Forrest N. Krutter	Member	3024 Harney Street, Omaha, NE 68131
Daniel J. Jaksich	Member	Omaha, NE
Trent C. Heinemeyer	Secretary	5814 Reed Road Fort Wayne, IN 46835
Mark Millard	Asst. Secretary	1440 Kiewit Plaza, Omaha, NE 68131
Jo Ellen Reick	Asst. Secretary	1440 Kiewit Plaza, Omaha, NE 68131
Dave Sherman	Asst. Secretary	5814 Reed Road Fort Wayne, IN 46835
Officers	Title	Business Address
Timothy J. Kenesey	President & CEO	5814 Reed Road Fort Wayne, IN 46835
Joseph A. Svitek	SVP, CFO & Treasurer	5814 Reed Road Fort Wayne, IN 46835
Trent C. Heinemeyer	SVP & Secretary	5814 Reed Road Fort Wayne, IN 46835
Dave Sherman	Asst. Secretary	5814 Reed Road Fort Wayne, IN 46835
Mark Millard	Asst. Secretary	1440 Kiewit Plaza, Omaha, NE 68131
Jo Ellen Reick	Asst. Secretary	1440 Kiewit Plaza, Omaha, NE 68131