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(Business Entity Name)

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TALLAHASSEE FLORIDA

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W13-1512

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Medical Protective 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," or "Certificate of Good Standing" 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:

Angela Adams

Name of Person

Medical Protective

Firm/Company

5814 Reed Road

Address

Fort Wayne, IN 46835

City/State and Zip code

Angela.Adams@medpro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Adams

Name of Person

at (260) 486-0833

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2013

ANGELA ADAMS
5814 REED RD
FORT WAYNE, IN 46835

SUBJECT: MEDICAL PROTECTIVE CORPORATION
Ref. Number: W13000001512

We have received your document for MEDICAL PROTECTIVE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 213A00000572

RECEIVED
JAN 29 11:35
ALBANY, FL

**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 Corporation

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

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

2. Indiana 3. 35-1620927
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/30/1984 5. perpetual
(Date of incorporation) (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. For any or all lawful business purposes
(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: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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 Halpin
Assistant Secretary
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: Please see Attachment "A"

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please See Attachment "B"

Address: _____

Vice President: _____

Address: _____

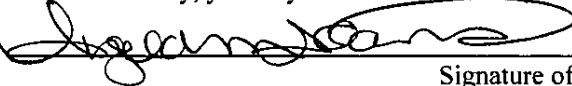
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Angela M. Adams - Assistant Secretary
(Typed or printed name and capacity of person signing application)

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Attachment A

Medical Protective Corporation Directors

Name	Title	Residence Address	Business Address
Ajit Jain	Director	14 Island Drive Rye, NY 10580	5814 Reed Road Fort Wayne, IN 46835
Donald F. Wurster	Director	117 North Happy Hallow Blvd Omaha, NE 68132	5814 Reed Road Fort Wayne, IN 46835
Timothy J. Kenesey	President/CEO	533 Chestnut Forest Cove Fort Wayne, IN 46814	5814 Reed Road Fort Wayne, IN 46835
Forrest N. Krutter	Director	770 North 93 rd Street #6B4 Omaha, NE 68118	5814 Reed Road Fort Wayne, IN 46835
Daniel J. Jaksich	Director	1303 Phoenix Circle Papillion, NE 68046	5814 Reed Road Fort Wayne, IN 46835

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Attachment B

Medical Protective Officers

Name	Title	Residence Address	Business Address
Timothy J. Kenesey	President & CEO	533 Chestnut Forest Cove Fort Wayne, IN 46814	5814 Reed Road Fort Wayne, IN 46835
Daniel Landrigan	CFO	13810 Redding Drive Fort Wayne, IN 46804	5814 Reed Road Fort Wayne, IN 46835
Trent C. Heinemeyer	Secretary	7808 Inverness Glens Dr Fort Wayne, IN 46804	5814 Reed Road Fort Wayne, IN 46835
Anthony A Bowser	Treasurer	2108 Stonebriar Road Fort Wayne, IN 46814	5814 Reed Road Fort Wayne, IN 46835
Mark Millard	Assistant Secretary	16215 California Street Omaha, NE 68118	5814 Reed Road Fort Wayne, IN 46835
JoEllen Rieck	Assistant Secretary	29739 Coldwater Ave Honey Creek, IA 51542	5814 Reed Road Fort Wayne, IN 46835
Angela Adams	Assistant Secretary	14327 Stonebriar Cove Fort Wayne, IN 46814	5814 Reed Road Fort Wayne, IN 46835

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

To Whom These Presents Come, Greetings:

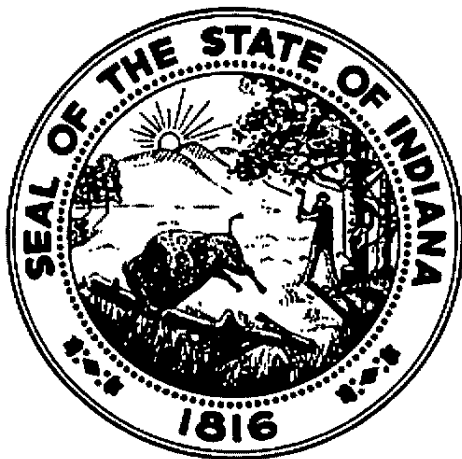
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDICAL PROTECTIVE CORPORATION

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 30, 1984, and was in existence or authorized to transact business in the State of Indiana on December 21, 2012.

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-First Day of December, 2012.

Connie Lawson

Connie Lawson, Secretary of State

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