

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17287

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE MEDICAL PROTECTIVE COMPANY

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: 35-0506406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: CFO () Delete
Name: SVITEK, JOSEPH A
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

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

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

Title: DIR () Delete
Name: JAIN, AJIT
Address: 100 FIRST STAMFORD PLACE
City-St-Zip: STAMFORD, CT 06902

Title: DIR () Delete
Name: WURSTER, DONALD F
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 68131

Title: DIR () Delete
Name: KRUTTER, FORREST N
Address: 3024 HARNEY STREET
City-St-Zip: OMAHA, NE 68131

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

CFO

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date