

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17287

FILED
Mar 17, 2010
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
Name: SVITEK, JOSEPH A
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH A. SVITEK

CFO

03/17/2010

Electronic Signature of Signing Officer or Director

Date