

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25583

FILED
Feb 23, 2004
Secretary of State

Entity Name: MEDICAL PROTECTIVE INSURANCE SERVICES, INC.

Current Principal Place of Business:

5814 REED ROAD
FT. WAYNE, IN 46835

New Principal Place of Business:

Current Mailing Address:

PO BOX 15021
FORT WAYNE, IN 46885

New Mailing Address:

FEI Number: 35-1721132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: KENESEY, TIMOTHY J
Address: PO BOX 15021
City-St-Zip: FORT WAYNE, IN 46885

Title: SVSD () Delete
Name: DALEY, WILLIAM E
Address: PO BOX 15021
City-St-Zip: FORT WAYNE, IN 46885

Title: VPD () Delete
Name: DOWDY, ROBERT L
Address: PO BOX 15021
City-St-Zip: FORT WAYNE, IN 46885

Title: SVPT () Delete
Name: PIKE, ED F
Address: PO BOX 15021
City-St-Zip: FT WAYNE, IN 46885

Title: VP () Delete
Name: MILLER, RON
Address: PO BOX 15021
City-St-Zip: FT WAYNE, IN 46885

Title: VPAS () Delete
Name: EDIGER, GERALD
Address: PO BOX 15021
City-St-Zip: FT WAYNE, IN 46885

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 for the exemption stated in Section 119.07(3)(i), 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 F SAROSI

EXEC

02/23/2004

Electronic Signature of Signing Officer or Director

Date

TIMOTHY SMITH
PO BOX 15021
FORT WAYNE, IN 46885

JOSEPH F SAROSI
PO BOX 15021
FORT WAYNE, IN 46885

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