

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P25583

1. Entity Name
MEDICAL PROTECTIVE INSURANCE SERVICES, INC.



Principal Place of Business
**5814 REED ROAD
FT. WAYNE, IN 46835**

Mailing Address
**PO BOX 15021
FORT WAYNE, IN 46885**



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1721132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KENESEY, TIMOTHY J
STREET ADDRESS	PO BOX 15021
CITY-ST-ZIP	FORT WAYNE, IN 46885

TITLE	SVPS
NAME	HEINEMEYER, TRENT C
STREET ADDRESS	PO BOX 15021
CITY-ST-ZIP	FORT WAYNE, IN 46885

TITLE	VP
NAME	SAROSI, JOSEPH F
STREET ADDRESS	PO BOX 15021
CITY-ST-ZIP	FORT WAYNE, IN 46885

TITLE	SVPT
NAME	SVITEK, JOSEPH A
STREET ADDRESS	PO BOX 15021
CITY-ST-ZIP	FT WAYNE, IN 46885

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80016-005 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A Sutek
Joseph A Sutek 4/12/07

Date

Daytime Phone #