

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25583

FILED
Mar 17, 2010
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:

5814 REED ROAD
FT. WAYNE, IN 46835

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: 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: VP
Name: SMITH, TIMOTHY M
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

Title: CFO
Name: SVITEK, JOSEPH A
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

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

Title: DIR
Name: SVITEK, JOSEPH A
Address: 5814 REED ROAD
City-St-Zip: FORT WAYNE, IN 46835

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