## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P25583

FILED Apr 19, 2012 Secretary of State

Entity Name: MEDICAL PROTECTIVE INSURANCE SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

5814 REED ROAD FT. WAYNE, IN 46835

Current Mailing Address: New Mailing Address:

5814 REED ROAD FT. WAYNE, IN 46835

FEI Number: 35-1721132 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

## **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: LANDRIGAN, DANIEL J 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: LANDRIGAN, DANIEL J 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: DANIEL J. LANDRIGAN CFO 04/19/2012