

1.) CORPORATION NAME:

THE MEDICAL PROTECTIVE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **7/31/2011**

SCC ID NO: **F0460917**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5814 REED RD

CITY/ST/ZIP: FORT WAYNE, IN 46835-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: TIMOTHY J KENESEY
TITLE: CEO/PRES
ADDRESS: 5814 REED RD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: DANIEL J LANDRIGAN
TITLE: VICE PRESIDENT
ADDRESS: 5814 REED ROAD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: TRENT HEINEMEYER
TITLE: SVP/GC/S
ADDRESS: 5814 REED RD
CITY/ST/ZIP/CO: FT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: GARRETT J DAVENPORT
TITLE: CONTROLLER
ADDRESS: 5814 REED RD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: DANIEL J LANDRIGAN
TITLE: EVP/CFO
ADDRESS: 5814 REED RD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ DANIEL J LANDRIGAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DANIEL J LANDRIGAN, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>7/14/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.