

1.) CORPORATION NAME:

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

MEDICAL PROTECTIVE FINANCE CORPORATION

SCC ID NO: **F0528887**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

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: ANGELA ADAMS
TITLE: ASST SECRETARY
ADDRESS: 5814 REED RD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: DANIEL J. LANDRIGAN
TITLE: VP/CFO/T
ADDRESS: 5814 REED ROAD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: TRENT C HEINEMEYER
TITLE: VP/S
ADDRESS: 5814 REED ROAD
CITY/ST/ZIP/CO: FORT WAYNE, IN 46835-

OFFICER

DIRECTOR

NAME: TIMOTHY KENESEY
TITLE: PRESIDENT
ADDRESS: 5814 REED ROAD
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.

/s/ DANIEL J. LANDRIGAN

DANIEL J. LANDRIGAN, VP/CFO/T

7/14/2011

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

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.