No. **C 156532**	**Due no later than Sep 30, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** MEDICAL PROTECTIVE FINANCE CORPORATION GARRETT DAVENPORT 5814 REED RD FORT WAYNE IN 46835	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	TIMOTHY J KENESEY	5814 REED RD	FORT WAYNE	IN	USA	46835
SECRETARY	TRENT C HEINEMEYER	5814 REED RD	FORT WAYNE	IN	USA	46835
DIRECTOR	TIMOTHY J KENESEY	5814 REED ROAD	FORT WAYNE	IN	USA	46835
TREASURER	DANIEL J LANDRIGAN	5814 REED ROAD	FORT WAYNE	IN	USA	46835
DIRECTOR	TRENT C HEINEMEYER	5814 REED ROAD	FORT WAYE	IN	USA	46835
DIRECTOR	DANIEL J LANDRIGAN	5814 REED ROAD	FORT WAYNE	IN	USA	46835

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
IN **C 156532**	Signature: Garrett Davenport	Date: 08/29/2013
	Name (type or print): Garrett Davenport	Title: Controller

Processed 08/29/2013

* Electronically provided signatures are accepted as original signatures.