

# *State of Idaho*

Office of the Secretary of State

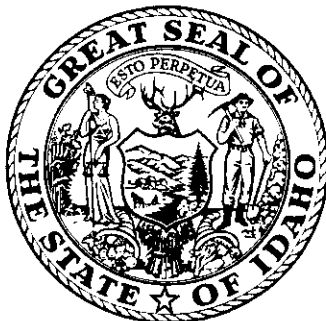
**CERTIFICATE OF AUTHORITY  
OF  
MEDICAL PROTECTIVE FINANCE CORPORATION**

File Number C 156532

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: 21 September 2004



*Ben Yursa*

SECRETARY OF STATE

By *Sally Lloyd*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2004 SEP 21 PM 2:14  
SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:  
Medical Protective Finance Corporation
2. The name which it shall use in Idaho is: Medical Protective Finance Corporation
3. It is incorporated under the laws of: Indiana
4. Its date of incorporation is: March 10, 1986
5. The address of its principal office is:  
5814 Reed Road Fort Wayne, IN 46835
6. The address to which correspondence should be addressed, if different from item 5, is:  
Same As Above
7. The street address of its registered office in Idaho is: 300 North 6th Street, Boise, ID 83701  
and its registered agent in Idaho at that address is: C T Corporation System
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Please See Attached Sheet</u>		

Dated: August 12, 2004

Signature: *Gerald Ediger*

Typed Name: Gerald Ediger

Capacity: Vice President-Legal

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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forms\appforauthority\_profit.pmf  
Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE  
09/21/2004 05:00  
CK: 34068 CT: 182337 BH: 767195  
1 @ 100.00 = 100.00 AUTH PRO # 2

C 156532

## **Medical Protective Finance Corporation**

### **Board of Directors:**

Name: Timothy J. Kenesey-Member  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Joe Svitek-Member  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Trent Heinemeyer-Secretary  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Gerald Ediger-Asst. Secretary  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

### **Officers:**

Name: Timothy J. Kenesey, President and CEO  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Joe Svitek, Vice President-Finance  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Ron E. Miller, Vice President-Tax  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Trent Heinemeyer, General Counsel and Secretary  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

Name: Gerald Ediger, Vice President-Legal and Secretary  
Address: 5814 Reed Road  
City, State, Zip: Fort Wayne, IN 46835

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**MEDICAL PROTECTIVE FINANCE CORPORATION**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on March 10, 1986, and was in existence or authorized to transact business in the State of Indiana on July 26, 2004.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Sixth Day of July, 2004 .

A handwritten signature in black ink that reads "Todd Rokita". The signature is written in a cursive, flowing style.

TODD ROKITA, Secretary of State

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