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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Lyndon Financial Corporation d/b/a TouchPointe Secure Plans Inc

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 15 AM 11:58
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Handwritten signature/initials

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lyndon Financial Corporation
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melissa Ayers
Name of Person

Lyndon Financial Corporation
Firm/Company

14755 N. Outer Forty Dr., Suite 400
Address

Chesterfield, Missouri 63017
City/State and Zip code

kathryn.anderson@protective.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Ayers at (636) 536-5737
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Lyndon Financial Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

Touch Pointe Secure Plans, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 43-1819865
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/06/1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2801 Highway 280, South, Birmingham, AL 35223
(Principal office address)

same
(Current mailing address)

8. Financial Services Provider
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System
By: [Signature] Jennifer F. Aultman
(Registered agent's signature) Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Brent Edwin Griggs

Address: Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
Chesterfield, MO 63017

Vice President: Richard J. Bielen

Address: Protective Life Corporation 2801 Highway 280, South (I-3 IN)
Birmingham, AL 35223

Secretary: Richard Charles Hackett

Address: Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400, Chesterfield, MO 63017

Treasurer: Gregg Olay Cariolano

Address: Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive, Chesterfield, MO 63017

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Gregg Olay Cariolano, Treasurer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Gregg Olav Cariolano
Officer/Director: Officer
Officer's Title: Senior Vice President
Director's Title:
Business Address: Lyndon Insurance Group, Inc. 14755 North
Outer Forty Drive
City: Chesterfield
State: MO
ZIP Code: 63017
- 2 Full Name: Richard Charles Hackett
Officer/Director: Officer
Officer's Title: Senior Vice President
Director's Title:
Business Address: Lyndon Insurance Group, Inc. 14755 North
Outer Forty Drive Suite 400
City: Chesterfield
State: MO
ZIP Code: 63017
- 3 Full Name: Carl S. Thigpen
Officer/Director: Officer
Officer's Title: Vice President, Investments
Director's Title:
Business Address: Protective Life Corporation 2801 Highway
280, South
City: Birmingham
State: AL
ZIP Code: 35223
- 4 Full Name: Steven G. Walker
Officer/Director: Officer
Officer's Title: Vice President
Director's Title:
Business Address: Protective Life Corporation 2801 Highway
280, South
City: Birmingham

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TALLAHASSEE, FLORIDA

	State:	AL
	ZIP Code:	35223
5	Full Name:	Mark Steven Downar
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
	City:	Chesterfield
	State:	MO
	ZIP Code:	63017
6	Full Name:	Charles Dwight Evers
	Officer/Director:	Officer
	Officer's Title:	Assistant Secretary
	Director's Title:	
	Business Address:	Protective Life Corporation 2801 Highway 280, South (1-4 CA)
	City:	Birmingham
	State:	AL
	ZIP Code:	35223
7	Full Name:	Mark Steven Downar
	Officer/Director:	Officer
	Officer's Title:	Assistant Treasurer
	Director's Title:	
	Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
	City:	Chesterfield
	State:	MO
	ZIP Code:	63017
8	Full Name:	Brent Edwin Griggs
	Officer/Director:	Officer
	Officer's Title:	Chairman of the Board
	Director's Title:	
	Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
	City:	Chesterfield

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TALLAHASSEE, FLORIDA

State:	MO
ZIP Code:	63017
9 Full Name:	Brent Edwin Griggs
Officer/Director:	Officer
Officer's Title:	Chief Executive Officer
Director's Title:	
Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
City:	Chesterfield
State:	MO
ZIP Code:	63017
10 Full Name:	Brent Edwin Griggs
Officer/Director:	Officer
Officer's Title:	Executive Committee
Director's Title:	
Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
City:	Chesterfield
State:	MO
ZIP Code:	63017
11 Full Name:	Gregg Olav Cariolano
Officer/Director:	Officer
Officer's Title:	Executive Committee
Director's Title:	
Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive
City:	Chesterfield
State:	MO
ZIP Code:	63017
12 Full Name:	A. Craig Phillips
Officer/Director:	Officer
Officer's Title:	Assistant Secretary
Director's Title:	
Business Address:	2801 Highway 280 South
City:	Birmingham

	State:	AL
	ZIP Code:	35223
13	Full Name:	Malcolm Lee Bartlett
	Officer/Director:	Officer
	Officer's Title:	Vice President , Corporate Accounting
	Director's Title:	
	Business Address:	
	City:	
	State:	
	ZIP Code:	
14	Full Name:	Edward M Berko
	Officer/Director:	Officer
	Officer's Title:	Chief Risk Officer
	Director's Title:	
	Business Address:	2801 Highway 280 S.
	City:	Birmingham
	State:	AL
	ZIP Code:	35223
15	Full Name:	Edward M Berko
	Officer/Director:	Officer
	Officer's Title:	Vice President
	Director's Title:	
	Business Address:	2801 Highway 280 S.
	City:	Birmingham
	State:	AL
	ZIP Code:	35223
16	Full Name:	Brent Edwin Griggs
	Officer/Director:	Director
	Officer's Title:	
	Director's Title:	Director
	Business Address:	Lyndon Insurance Group, Inc. 14755 North Outer Forty Drive Suite 400
	City:	Chesterfield
	State:	MO
	ZIP Code:	63017

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- 17 Full Name: Gregg Olav Cariolano
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: Lyndon Insurance Group, Inc. 14755 North
Outer Forty Drive
City: Chesterfield
State: MO
ZIP Code: 63017
- 18 Full Name: Richard Charles Hackett
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: Lyndon Insurance Group, Inc. 14755 North
Outer Forty Drive Suite 400
City: Chesterfield
State: MO
ZIP Code: 63017

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STATE OF MISSOURI

SECRETARY
ROBIN CARNAHAN



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

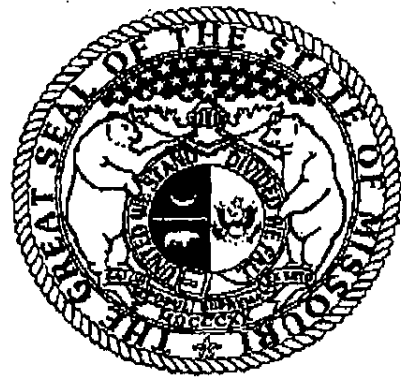
LYNDON FINANCIAL CORPORATION
00454205

was created under the laws of this State on the 6th day of April, 1998, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 10th day of December, 2010

Robin Carnahan

Secretary of State



Certification Number: 13389877-1 Reference:
Verify this certificate online at <https://www.sos.mo.gov/businessentity/soskb/verify.asp>