

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005501

FILED
Apr 23, 2012
Secretary of State

Entity Name: TOUCH POINTE SECURE PLANS, INC.

Current Principal Place of Business:

2801 HIGHWAY 280 SOUTH
BIRMINGHAM, AL 35223

New Principal Place of Business:

14755 NORT OUTER FORTY DR
SUITE 400
ST LOUIS, MO 63025

Current Mailing Address:

14755 NORTH OUTER FORTY DR
SUITE 400
ST. LOUIS, MO 63017

New Mailing Address:

FEI Number: 43-1819865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: GRIGGS, BRENT EDWIN
Address: LYNDON INS GP 14755 N OUTER FORTY DR #400
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP
Name: BIELEN, RICHARD J
Address: PROTECTIVE LIFE CORP 2801 HWY 280 S I-3 IN
City-St-Zip: BIRMINGHAM, AL 35223

Title: SVPS
Name: HACKETT, RICHARD C
Address: LYNDON INS GRP 14755 N OUTER FORTY DR #400
City-St-Zip: CHESTERFIELD, MO 63017

Title: SVPT
Name: CARIOLANO, GREGG OLAY
Address: LYNDON INS GRP 14755 N OUTER FORTY DR #400
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP
Name: THIGPEN, CARL S
Address: LYNDON INS GRP 14755 N OUTER FORTY DR #400
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP
Name: WALKER, STEVEN G
Address: PROTECTIVE LIFE CORP 2801 HWY 280 S
City-St-Zip: BIRMINGHAM, AL 35223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGG CARIOLANO

SPVS

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date