2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005501

Entity Name: TOUCH POINTE SECURE PLANS, INC.

Current Principal Place of Business:

14755 NORTH OUTER FORTY DR

SUITE 400

ST LOUIS, MO 63025

Current Mailing Address:

14755 NORTH OUTER FORTY DR

SUITE 400

ST. LOUIS, MO 63017

FEI Number: 43-1819865 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

City-State-Zip:

Title

Electronic Signature of Registered Agent Date

City-State-Zip:

VΡ

Title

CHESTERFIELD MO 63017

Officer/Director Detail:

Title P, DIRECTOR Title VΡ

KARCHUNAS, M. SCOTT BIELEN, RICHARD J Name Name

LYNDON INS GP 14755 N OUTER Address Address PROTECTIVE LIFE CORP 2801 HWY

FORTY DR #400 280 S I-3 IN

CHESTERFIELD MO 63017 BIRMINGHAM AL 35223 City-State-Zip: City-State-Zip:

Title **SVPS** Title **SVPT**

HACKETT, RICHARD C CARIOLANO, GREGG OLAY Name Name

LYNDON INS GRP 14755 N OUTER LYNDON INS GRP 14755 N OUTER Address Address

FORTY DR #400 FORTY DR #400

THIGPEN, CARL S WALKER, STEVEN G Name Name

Address

LYNDON INS GRP 14755 N OUTER PROTECTIVE LIFE CORP 2801 HWY Address 280 S

FORTY DR #400

CHESTERFIELD MO 63017 BIRMINGHAM AL 35223 City-State-Zip: City-State-Zip:

Title ASST. SECRETARY, ASST.

TREASURER

DOWNAR, MARK Name

VΡ

14755 NORTH OUTER FORTY DR Address

CHESTERFIELD MO 63017

SUITE 400

ST. LOUIS MO 63017 City-State-Zip:

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.

04/20/2017 SIGNATURE: MARK S DOWNAR ASST SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 20, 2017

Secretary of State

CC2498058134