

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005501

**Entity Name:** ASSET PROTECTION FINANCIAL, 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 US

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, DIRECTOR  
Name KARCHUNAS, M. SCOTT  
Address LYNDON INS GP 14755 N OUTER  
FORTY DR #400  
City-State-Zip: CHESTERFIELD MO 63017  
  
Title SVPT, DIRECTOR  
Name CARIOLANO, GREGG OLAY  
Address LYNDON INS GRP 14755 N OUTER  
FORTY DR #400  
City-State-Zip: CHESTERFIELD MO 63017

Title SVPS, DIRECTOR  
Name HACKETT, RICHARD C  
Address LYNDON INS GRP 14755 N OUTER  
FORTY DR #400  
City-State-Zip: CHESTERFIELD MO 63017  
  
Title ASST. SECRETARY, ASST.  
TREASURER  
Name DOWNAR, MARK  
Address 14755 NORTH OUTER FORTY DR  
SUITE 400  
City-State-Zip: ST. LOUIS MO 63017

*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:** MARK DOWNAR

**ASSISTANT SECRETARY** 04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date