

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005501

**Entity Name:** ASSET PROTECTION FINANCIAL, INC.

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC5710310966**

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

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

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

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

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

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** 04/13/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date