

2015 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:

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

ASST SECRETARY

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date