

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004435

FILED
Jan 14, 2009
Secretary of State

Entity Name: LIFE INSURANCE SETTLEMENT ASSOCIATION INC.

Current Principal Place of Business:

1011 EAST COLONIAL DRIVE
SUITE 500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1011 EAST COLONIAL DRIVE
SUITE 500
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 52-1912672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEAD, DOUG
800 MAYFAIR CIRCLE
ORLANDO, FL 32803 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: T () Delete
Name: POTOCZAK, WILLIAM
Address: 27600 CHAGRIN BLVD, SUITE 200
City-St-Zip: CLEVELAND, OH 44122

Title: VP () Delete
Name: FREEMAN, BRYAN
Address: 3495 PIEDMONT ROAD NE, SUTE 910
City-St-Zip: ATLANTA, GA 30305

Title: S () Delete
Name: GUILFORD, RICHARD
Address: 10305 BUCKWOOD LANE
City-St-Zip: MECHANISVILLE, VA 23116

Title: AS () Delete
Name: HEAD, DOUG
Address: 1011 E. COLONIAL DR. STE 500
City-St-Zip: ORLANDO, FL 32803

Title: P () Delete
Name: RENCURRELL, RAMIRO
Address: 1320 S. DIXIE HWY., SUITE 600
City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DORSETT, RUSSEL
Address: 4913 BELLVIEW STREET
City-St-Zip: BELLAIRE, TX 77401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HARTMAN, DAVID
Address: 6302A NORTH POINT ROAD
City-St-Zip: BALTIMORE, MD 21219

Title: VP () Change (X) Addition
Name: MCCARROLL, JOHN
Address: 950 3RD AVE. 23RD FLOOR
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG HEAD

Electronic Signature of Signing Officer or Director

AS

01/14/2009

Date