

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000004435

**FILED**  
**Jan 22, 2018**  
**Secretary of State**  
**CC3175250227**

**Entity Name:** LIFE INSURANCE SETTLEMENT ASSOCIATION INC.

**Current Principal Place of Business:**

280 W CANTON AVENUE  
SUITE 430  
WINTER PARK , FL 32789

**Current Mailing Address:**

280 W CANTON AVENUE  
STE 430  
WINTER PARK, FL 32789 US

**FEI Number:** 52-1912672

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAYSTON, DARWIN  
280 W CANTON AVENUE  
SUITE 430  
WINTER PARK , FL 32789 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 CHAIRMAN  
Name MAXSON, JAMES W  
Address 1075 PEACHTREE ST, NE  
STE 3650  
City-State-Zip: ATLANTA GA 30339

Title BOARD MEMBER  
Name POVEDA, CYNTHIA  
Address 5611 HUDSON DRIVE  
SUITE 100  
City-State-Zip: HUDSON OH 44236

Title PRESIDENT  
Name BAYSTON, DARWIN  
Address 280 W CANTON AVENUE  
SUITE 430  
City-State-Zip: WINTER PARK FL 32789

Title BOARD MEMBER  
Name BUERGER, ALAN  
Address 7111 VALLEY GREEN ROAD  
City-State-Zip: FORT WASHINGTON PA 19034

Title TREASURER  
Name GRAINIERI, VINCE  
Address 4865 MIAMI ROAD  
City-State-Zip: CINCINNATI OH 45243

Title VC  
Name TOWNSEND, SHERI  
Address 521 W WILSHIRE BLVD, STE 200  
City-State-Zip: OKLAHOMA CITY OK 73116

Title SECRETARY  
Name MCFARLAND, JOHN  
Address 114 PACIFICA, STE 200  
City-State-Zip: IRVINE CA 92618

Title BOARD MEMBER  
Name DALLAS, JOHN  
Address 154 KROG ST, STE 135  
SUITE 135  
City-State-Zip: ATLANTA GA 30307

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DARWIN BAYSTON

**PRESIDENT**

**01/22/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name YOUNG, DAN  
Address 805 LAS CIMAS PKWY, STE 350  
City-State-Zip: AUSTIN TX 78746

Title BOARD MEMBER  
Name WELCOM, JOHN  
Address 6001 BROKEN SOUND PKWY, STE 320  
City-State-Zip: BOCA RATON FL 33487