SIGNATURE: DARWIN BAYSTON

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004435

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

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

Officer/Director Detail :

Title	PRESIDENT	Title	BOARD MEMBER		
Name	BAYSTON, DARWIN	Name	BUERGER, ALAN		
Address	280 W CANTON AVENUE	Address	7111 VALLEY GREEN ROAD		
City State Zin:	SUITE 430 WINTER PARK FL 32789	City-State-Zip:	FORT WASHINGTON PA 19034		
City-State-Zip:	WINTER FARE FL 32769	T :0 -			
Title	TREASURER	Title	SECRETARY		
Name	GRAINIERI, VINCE	Name	MCFARLAND, JOHN		
Address	4865 MIAMI ROAD	Address	114 PACIFICA, STE 200		
City-State-Zip:	CINCINNATI OH 45243	City-State-Zip:	IRVINE CA 92618		
,		Title	BOARD MEMBER		
Title	BOARD MEMBER	Name	YOUNG, DAN		
Name	DALLAS, JOHN	Address	805 LAS CIMAS PKWY, STE 350		
Address	154 KROG ST, STE 135 SUITE 135	City-State-Zip:	AUSTIN TX 78746		
City-State-Zip:	ATLANTA GA 30307	Title	CHAIRMAN		
Title	BOARD MEMBER	Name	CONWAY, CHRISTOPHER		
Name	WELCOM, JOHN	Address	5 CONCOURSE PKWY SUITE 3000		
Address	6001 BROKEN SOUND PKWY, STE 320	City-State-Zip:	ATLANTA GA 30328		
City-State-Zip:	BOCA RATON FL 33487	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

FILED Jan 31, 2019 Secretary of State 4717820578CC

Certificate of Status Desired: No

Date

PRESIDENT & CEO

Officer/Director Detail Continued :

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	HAYNIE, ROB	Name	SHAPIRO, STEVEN
Address	1180 SW 36TH AVE SUITE 201	Address	1345 SIXTH AVENUE 33RDFLOOR
City-State-Zip:	FT LAUDERDALE FL 33069	City-State-Zip:	NEW YORK NY 10105