

2017 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**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 SECR
Name MAXSON, JAMES W
Address 280 W. CANTON AVENUE
 STE 430
City-State-Zip: WINTER PARK FL 32789

Title TREA
Name LOY, PHIL
Address 54 KROG STREET
 SUITE 135
City-State-Zip: ATLANTA GA 30307

Title VC
Name FREEDMAN, MICHAEL
Address 220 SOUTH 6TH STREET
 SUITE 1200
City-State-Zip: MINNEAPOLIS MN 55402

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

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

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/CEO

02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date