2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004435

FILED Jan 05, 2010 Secretary of State

Entity Name: LIFE INSURANCE SETTLEMENT ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business:

1011 EAST COLONIAL DRIVE SUITE 500

ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

1011 EAST COLONIAL DRIVE SUITE 500 ORLANDO, FL 32803

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

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

HEAD, DOUG 800 MAYFAIR CIRCLE ORLANDO, FL 32803 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

OFFICERS AND DIRECTORS:

Title: TREA

Name: POTOCZAK, WILLIAM

Address: 27600 CHAGRIN BLVD, SUITE 200

City-St-Zip: CLEVELAND, OH 44122

Title: PRES

Name: DORSETT, RUSSEL

Address: 9900 BELWARD CAMPUS DR., STE 175

City-St-Zip: ROCKVILLE, MD 20850

Title: SECR

Name: THOMPSON, BRAD
Address: 2 EVERGREEN RD.
City-St-Zip: SEVERNA PARK, MD 21146

Title: ASEC

Name: HEAD, DOUG

Address: 1011 E. COLONIAL DR. STE 500

City-St-Zip: ORLANDO, FL 32803

Title: VP

Name: GOODE, MARK

Address: 1010 WISCONSIN AVE., 6TH FL City-St-Zip: WASHINGTON, DC 20007

Title: VP

Name: MCCARROLL, JOHN
Address: 950 3RD AVE. 23RD FLOOR
City-St-Zip: NEW YORK, NY 10022

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: DOUG HEAD ED 01/05/2010