

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213502558

1.) CORPORATION NAME:

ASSIGNED SETTLEMENT, INC.

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **03166493**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6610 W BROAD STREET

CITY/ST/ZIP: RICHMOND, VA 23230

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL A HALEY
 TITLE: PRESIDENT
 ADDRESS: 6620 W BROAD ST
 CITY/ST/ZIP/CO: RICHMOND, VA 23230

OFFICER

DIRECTOR

NAME: LEON E RODAY
 TITLE: SR VP
 ADDRESS: 6620 W BROAD ST
 CITY/ST/ZIP/CO: RICHMOND, VA 23230

OFFICER

DIRECTOR

NAME: DAVID J. SLOANE
 TITLE: SR VP
 ADDRESS: 666 3RD AVENUE
 CITY/ST/ZIP/CO: 9TH FLOOR
 NEW YORK, NY 10017

OFFICER

DIRECTOR

NAME: VIDAL J TORRES JR
 TITLE: SECRETARY
 ADDRESS: 6620 W BROAD STREET
 CITY/ST/ZIP/CO: RICHMOND, VA 23230

OFFICER

DIRECTOR

NAME: GARY T PRIZZIA
 TITLE: TREASURER
 ADDRESS: 6620 W BROAD ST
 CITY/ST/ZIP/CO: RICHMOND, VA 23230

OFFICER

DIRECTOR

NAME: AMY R. CORBIN
 TITLE: SVP / CFO
 ADDRESS: 6620 WEST BROAD STREET
 CITY/ST/ZIP/CO: RICHMOND, VA 23230

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK B KELLEHER SR VP 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN P KLEIN SR VP 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARD E BOBITZ VP / AS 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLY L GROH VICE PRESIDENT 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A BOUG DIRECTOR 6620 WEST BROAD STREET RICHMOND, VA 23230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THERESA A MYERS ASST SECRETARY 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GAIL F LASKOWITZ VP/ASST. TREAS 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELE L TRAMPE VP / CONTROLLER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNOLD J COTTRELL ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH C EARLEY ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA R LUSK ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD K TANGARD ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD A TEPPER ASST TREASURER 6620 WEST BROAD STREET RICHMOND, VA 23230	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ THERESA AMYERS	THERESA AMYERS,	1/17/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.