

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212530033

1.) CORPORATION NAME:

EPS Settlements Group, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4001 NORTH NINTH STREET
STE. 227**

SCC ID NO: **F0562704**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

ARLINGTON, VA 22203

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5613 DTC PARKWAY
STE 600

CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111-3035

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:	JOSEPH M COSTELLO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO,PRESIDENT		
ADDRESS:	5613 DTC PARKWAY STE 600		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111-3035		

NAME:	SEAN J COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S/T/VP		
ADDRESS:	3060 PEACHTREE ROAD, NW STE. 225		
CITY/ST/ZIP/CO:	ATLANTA, GA 30305-2239		

NAME:	NANCY L ERBECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	8150 CORPORATE PARK DRIVE STE 110		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45242		

NAME:	JEFFREY S BOWERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	12444 POWERSCOURT DR STE 360		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63131		

NAME:	KYLE M. BOLLMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1201 CAMINO DEL MAR STE. 203		
CITY/ST/ZIP/CO:	DEL MAR, CA 92014		

NAME:	CHRISTOPHER E DIAMANTIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3500 FINANCIAL PLAZA 4TH FLOOR		
CITY/ST/ZIP/CO:	TALLAHASSEE, FL 32312		

NAME:	GERALD J. SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 W. 6TH STREET STE. 1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

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/ JOSEPH M COSTELLO	JOSEPH M COSTELLO,	8/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CEO,PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.