

1.) CORPORATION NAME:

**NFP Structured Settlements, Inc.**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1656042**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4 GATEWAY CTR STE 425

CITY/ST/ZIP: PITTSBURGH, PA 15222

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.

<p>NAME: MICHAEL W GOODMAN TITLE: PRESIDENT ADDRESS: 55 PUBLIC SQ STE 1460 CITY/ST/ZIP/CO: CLEVELAND, OH 44113</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM S GOODMAN TITLE: PRESIDENT ADDRESS: 4 GATEWAY CTR STSE 425 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LORI M LIESER TITLE: VICE PRESIDENT ADDRESS: 500 W MADISON STSE 2400 CITY/ST/ZIP/CO: CHIACGO, IL 60661</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARK GOODMAN TITLE: SECRETARY ADDRESS: 4 GATEWAY CTR STE 425 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD B GOODMAN TITLE: TREASURER ADDRESS: 4 GATEWAY CT STE 425 CITY/ST/ZIP/CO: PITTSBURGH, PA 15222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DOUGLAS W. HAMMOND TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE 20TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10173</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MALIKA HINKSON DIRECTOR 340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT SCHNEIDER DIRECTOR 340 MADISON AVENUE 20TH FLOOR NEW YORK, NY 10173	<input type="checkbox"/> OFFICER	<input checked="" 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/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	1/30/2013
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.