

SCC eFile

**2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

214505565

1.) CORPORATION NAME:

**NFP Structured Settlements, Inc.**

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL W GOODMAN	
TITLE:	PRESIDENT	
ADDRESS:	55 PUBLIC SQ STE 1460	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44113	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM S GOODMAN	
TITLE:	PRESIDENT	
ADDRESS:	4 GATEWAY CTR STSE 425	
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LORI M LIESER	
TITLE:	VICE PRESIDENT	
ADDRESS:	500 W MADISON STSE 2400	
CITY/ST/ZIP/CO:	CHIACGO, IL 60661	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RICHARD B GOODMAN	
TITLE:	TREASURER	
ADDRESS:	4 GATEWAY CT STE 425	
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM S. GOODMAN	
TITLE:	SECRETARY	
ADDRESS:	4 GATEWAY CTR STE 425	
CITY/ST/ZIP/CO:	PITTSBURGH, PA 15222	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANNEMARIE V. LONG	
TITLE:	DIRECTOR	
ADDRESS:	1250 CAPITAL OF TEXAS HWY S BUILDING 2	
CITY/ST/ZIP/CO:	AUSTIN, TX 78746	

NAME:	EVAN A. MICHAEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
CITY/ST/ZIP/CO:	20TH FLOOR NEW YORK, NY 10173		

NAME:	BRETT SCHNEIDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	340 MADISON AVENUE		
CITY/ST/ZIP/CO:	20TH FLOOR NEW YORK, NY 10173		

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	1/27/2014
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.