

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K13117

**Entity Name:** MAGNA LIFE SETTLEMENTS, INC.

**Current Principal Place of Business:**

835 W. 6TH ST.  
SUITE 1400  
AUSTIN, TX 78703

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC9396766646**

**Current Mailing Address:**

835 W. 6TH ST.  
SUITE 1400  
AUSTIN, TX 78703 US

**FEI Number:** 65-0026888

**Certificate of Status Desired:** Yes

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

CHIEF FINANCIAL OFFICER  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SERRA, DAVID R  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

Title            SECRETARY  
Name            SERRA, DAVID R  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

Title            CFO  
Name            MUNSON, CHRISTOPHER  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

Title            DIRECTOR  
Name            SERRA, JEFFREY R  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

Title            DIRECTOR  
Name            MUNSON, CHRISTOPHER  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

Title            DIRECTOR  
Name            YOUNG, DANIEL  
Address        835 W. 6TH ST.  
                 SUITE 1400  
City-State-Zip: AUSTIN TX 78703

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID R. SERRA

**PRESIDENT**

**02/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date