

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004182

**Entity Name:** FRANK CRYSTAL & CO INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

32 OLD SLIP  
NEW YORK CITY, NY 10005

**Current Mailing Address:**

32 OLD SLIP  
NEW YORK CITY, NY 10005

**FEI Number: 13-5552477**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DCPT  
Name CRYSTAL, JAMES W  
Address 32 OLD SLIP  
City-State-Zip: NEW YORK CITY NY 10005

Title CEO  
Name CRYSTAL, JAMES W  
Address 32 OLD SLIP  
City-State-Zip: NEW YORK CITY NY 10005

Title DVP  
Name CRYSTAL, JAMES F  
Address 32 OLD SLIP  
City-State-Zip: NEW YORK CITY NY 10005

Title DVP  
Name CRYSTAL, SANFORD F  
Address 32 OLD SLIP  
City-State-Zip: NEW YORK CITY NY 10005

Title DVPS  
Name CRYSTAL, JONATHAN F  
Address 32 OLD SLIP  
City-State-Zip: NEW YORK CITY NY 10005

*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: JONATHAN F. CRYSTAL**

**EVP**

**03/06/2013**

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

\_\_\_\_\_  
Date