2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006546

Entity Name: CRUMP COMMERCIAL INSURANCE SERVICES, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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50 CALIFORNIA STREET, SUITE 2000 SAN FRANCISCO, CA 94111

Current Mailing Address: New Mailing Address:

50 CALIFORNIA STREET, SUITE 2000 199 WATER STREET, 28TH FLOOR ATTN: JESSICA VAILLANCOURT NEW YORK, NY 10038

FEI Number: 68-0074707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM C/0 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

158 N HARBOR CITY BLVD

MELBOURNE, FL 32935

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: P (X) Change () Addition

Name: JENNINGS, JOHN F
Address: 199 WATER STREET, 28TH FLOOR
Address: 105 EISENHOWER PARKWAY

City-St-Zip: NEW YORK, NY 10038 City-St-Zip: ROSELAND, NJ 07068

Title: CFO () Delete Title: T (X) Change () Addition

Name: O'BRIEN, PATRICK Name: O'BRIEN, PATRICK

Address: 7557 RAMBLER RD., STE. 400 Address: 7557 RAMBLER RD., STE. 400

City-St-Zip: DALLAS, TX 75231 City-St-Zip: DALLAS, TX 75231

Title: SEC () Delete Title: S (X) Change () Addition Name: ALERTE, FRANK A Name: DUNKIN, ELLEN R

Address: 158 N HARBOR CITY BLVD Address: 199 WATER STREET. 28TH FLOOR

City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: NEW YORK, NY 10038

Title: PRES (X) Delete Title: () Change () Addition Name: TOOLEY, DAVE Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN R DUNKIN S 04/30/2009