

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006096

FILED
Mar 19, 2009
Secretary of State

Entity Name: CRUMP LIFE INSURANCE SERVICES, INC.

Current Principal Place of Business:

4250 CRUMS MILL ROAD
HARRISBURG, PA 17112

New Principal Place of Business:

Current Mailing Address:

4250 CRUMS MILL ROAD
HARRISBURG, PA 17112

New Mailing Address:

FEI Number: 23-2232460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FORSTENZER, ANDREW
Address: 199 WATER STREET, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10039

Title: VP () Delete
Name: OBENAUER, S. DAVIDSON
Address: 105 EISENHOWER PARKWAY
City-St-Zip: ROSELAND, NJ 07068

Title: P () Delete
Name: WINIKOFF, BRIAN
Address: 105 EISENHOWER PARKWAY
City-St-Zip: ROSELAND, NJ 07068

Title: S () Delete
Name: DUNKIN, ELLEN R
Address: 199 WATER STREET, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10039

Title: T () Delete
Name: GALVIN, MICHAEL
Address: 4250 CRUMS MILL ROAD
City-St-Zip: HARRISBURG, PA 17112

Title: AS () Delete
Name: CORADO, CHRISTIE
Address: 4250 CRUMS MILL ROAD
City-St-Zip: HARRISBURG, PA 17112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FORSTENZER, ANDREW
Address: 199 WATER STREET, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: DEBORAH ATTICKS

CS

03/19/2009

Electronic Signature of Signing Officer or Director

Date