

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006096

FILED
Apr 22, 2011
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

OFFICERS AND DIRECTORS:

Title: VPD
Name: FORSTENZER, ANDREW
Address: 199 WATER STREET, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: VPD
Name: OBENAUER, S. DAVIDSON
Address: 105 EISENHOWER PARKWAY
City-St-Zip: ROSELAND, NJ 07068

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

Title: S
Name: CORADO, CHRISTIE
Address: 4250 CRUMS MILL RD
City-St-Zip: HARRISBURG, PA 17112

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

Title: VP
Name: FOLMER, MICHAEL
Address: 4250 CRUMS MILL ROAD
City-St-Zip: HARRISBURG, PA 17112

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: MICHAEL FOLMER

VP

04/22/2011

Electronic Signature of Signing Officer or Director

Date