2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2012
Secretary of State

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Entity Name: CRUMP LIFE INSURANCE SERVICES, INC.

Current Principal Place of Business:

4135 NORTH FRONT STREET
HARRISBURG, PA 17110

New Principal Place of Business:

Current Mailing Address:

4135 NORTH FRONT STREET
HARRISBURG, PA 17110

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: PARNEL, SCOTT
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: 4135 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

Title: T
Name: GALVIN, MICHAEL
Address: 4135 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

Title: VP
Name: FOLMER, MICHAEL
Address: 4135 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

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 01/12/2012

Electronic Signature of Signing Officer or Director Date