2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2014
Secretary of State
CC6818274669

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Entity Name: CRUMP LIFE INSURANCE SERVICES, INC.

Current Principal Place of Business:

4135 NORTH FRONT STREET
HARRISBURG, PA 17110

Current Mailing Address:

C/O KATRINA D RAMEY
200 WEST SECOND STREET 3RD FLOOR
WINSTON-SALEM, NC 27101 US

FEI Number: 23-2232460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	WINIKOFF, BRIAN	Name	STRINGER, TAMMY
Address	4135 NORTH FRONT STREET	Address	4135 NORTH FRONT STREET
City-State-Zip:	HARRISBURG PA 17110	City-State-Zip:	HARRISBURG PA 17110
Title	TREASURER	Title	DIRECTOR
Name	GALVIN, MICHAEL	Name	HOLDER, ANDREA LYNN
Address	4135 NORTH FRONT STREET	Address	4135 NORTH FRONT STREET
City-State-Zip:	HARRISBURG PA 17110	City-State-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: TAMMY STRINGER SECRETARY 04/09/2014

Electronic Signature of Signing Officer/Director Detail — Date