No. <b>C 170896</b>		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MURRAY INSURANCE ASSOCIATES, INC.  LINDA KOPF  39 NORTH DUKE ST  LANCASTER PA 17602  USA		UNITED CORPORATE SERVICES, INC 1215 W HAYS BOISE ID 83702  3. New Registered Agent Signature:*			
		ess Addresses of D	resident, Secretary, and Directors. Treasure	r (ontional)			
Office Held	Name	ess Audi esses UI P	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	RICHARD M	RANKIN	39 NORTH DUKE ST	LANCASTER	PA	USA	17602
DIRECTOR	HOLLY M KUTZ		39 NORTH ST	LANCASTER	PA	USA	17602
DIRECTOR	RICHARD D POOLE		150 FARM LANE	YORK	PA	USA	17402
DIRECTOR	CLARENCE C KEGEL		24 NORTH LIME ST	LANCASTER	PA	USA	17602
DIRECTOR	DAVID R BRADBURY		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
DIRECTOR	PETER WENGRENOVICH		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
DIRECTOR	STEPHEN V RILEY		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
DIRECTOR	JOSEPH P NOLT		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
TREASURER	HOLLY M KUTZ		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
PRESIDENT	RICHARD M RANKIN		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
SECRETARY	RY HOLLY M KUTZ		39 NORTH DUKE ST	LANCASTER	PA	USA	17602
DIRECTOR	BRUCE R LIMPERT		275 E. LIBERTY STREET	LANCASTER	PA	USA	17602
DIRECTOR	JAMES W M	1OROZZI	1155 FIFTEENTH ST, NW, STE 500	WASHINGTON	DC	USA	20005
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
PA C 170896		Signature: Gary Harker		Date: 01/15/2013			
		Name (type or print): Gary Harker		Title: Annual Report Coordinator			
Processed 01/15/2013		* Electronically pro	ovided signatures are accepted as original signal	gnatures.			