

No. C 177266		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CRUMP LIFE INSURANCE SERVICES, INC. 4135 NORTH FRONT STREET HARRISBURG PA 17110		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRIAN WINIKOFF	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
SECRETARY	TAMMY J. STRINGER	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
TREASURER	DOUGLAS GARNER	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
DIRECTOR	ANDREA LYNN HOLDER	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
DIRECTOR	JOHN M. HOWARD	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
DIRECTOR	DAVID M. PRUETT	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
DIRECTOR	BRIAN WINIKOFF	4135 NORTH FRONT STREET	HARRISBURG	PA	USA	17110	
5. Organized Under the Laws of: PA C 177266		6. Annual Report must be signed.* Signature: Traci Houck Name (type or print): Traci Houck Date: 01/14/2016 Title: POA					
Processed 01/14/2016 * Electronically provided signatures are accepted as original signatures.							