No. C 170896		Due no later than Jan 31, 2015		2. Registered Ager	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. TRISHA RUPPERSBERGER 39 NORTH DUKE ST LANCASTER PA 17602 USA		1215 W HAYS BOISE 83702	UNITED CORPORATE SERVICES, INC 1215 W HAYS			
4. Corporations: Enter I	Names and Busine	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		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 DUKE ST	LANCASTER	PA	USA	17602	
DIRECTOR	STEVEN V RILEY		39 NORTH DUKE ST	LANCASTER	PA	USA	17602	
DIRECTOR	PETER WENGRENOVICH, JR.		39 NORTH DUKE ST	LANCASTER	PA	USA	17602	
DIRECTOR	DAVID R BRADBURY		39 NORTH DUKE ST	LANCASTER	PA	USA	17602	
DIRECTOR	CLARENCE C KEGEL, JR.		24 NORTH LIME STREET	LANCASTER	PA	USA	17602	
DIRECTOR	RICHARD D POOLE		880 GLENWOOD DRIVE	YORK	PA	USA	17403	
DIRECTOR	JAMES W MOROZZI		2602 LLOYD LANE	EAGLEVILLE	PA	USA	19403	
DIRECTOR	BRUCE R LIMPERT		112 MEADOWBROOK LANE	ELIZABETHTOWN	PA	USA	17022	
PRESIDENT			39 NORTH DUKE ST	LANCASTER	PA	USA	17602	
SECRETARY	HOLLY M KUTZ		39 NORTH DUKE STREET	LANCASTER	PA	USA	17602	
TREASURER	HOLLY M KL	πz	39 NORTH DUKE STREET	LANCASTER	PA	USA	17602	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
PA C 170896		Signature: Gary Harker		Date: 12/04/2014	Date: 12/04/2014			
		Name (type or print): Gary Harker		Title: Annual Repo	Title: Annual Report Coordinator			
Processed 12/04/2014		* Electronically provi	ded signatures are accepted as original	signatures.				