

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525697

1.) CORPORATION NAME:

CRUMP LIFE INSURANCE SERVICES, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1591058**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4135 N. FRONT STREET

CITY/ST/ZIP: HARRISBURG, PA 17110

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | BRIAN WINIKOFF | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 4135 N. FRONT STREET | | |
| CITY/ST/ZIP/CO: | HARRISBURG, PA 17110 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | MICHAEL GALVIN | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 4135 N. FRONT STREET | | |
| CITY/ST/ZIP/CO: | HARRISBURG, PA 17110 | | |

| | | | |
|-----------------|----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | ANDREA LYNN HOLDER | | |
| TITLE: | CFO | | |
| ADDRESS: | 4135 N. FRONT STREET | | |
| CITY/ST/ZIP/CO: | HARRISBURG, PA 17110 | | |

| | | | |
|-----------------|----------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | TAMMY STRINGER | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 4135 N. FRONT STREET | | |
| CITY/ST/ZIP/CO: | HARRISBURG, PA 17110 | | |

| | | | |
|-----------------|----------------------|----------------------------------|--|
| | | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | DAVID M. PRUETT | | |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4135 N. FRONT STREET | | |
| CITY/ST/ZIP/CO: | HARRISBURG, PA 17110 | | |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ TAMMY STRINGER</u> | <u>TAMMY STRINGER, SECRETARY</u> | <u>5/16/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.