

1.) CORPORATION NAME:

DUE DATE: **8/31/2014**

Frank Winston Crum Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1799917**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 S. MISSOURI AVENUE

CITY/ST/ZIP: CLEARWATER, FL 33756

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.

<p>NAME: MATTHEW C CRUM TITLE: PRESIDENT ADDRESS: 100 S. MISSOURI AVENUE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES M CARR TITLE: VP/TREASURER ADDRESS: 100 S. MISSOURI AVENUE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIGITTE B BECKER TITLE: VICE PRESIDENT ADDRESS: 100 S MISSOURI AVE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: FRANK W CRUM, JR TITLE: SECRETARY ADDRESS: 100 S. MISSOURI AVENUE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN M BOALES TITLE: DIRECTOR ADDRESS: 100 S. MISSOURI AVENUE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN R DIXON TITLE: DIRECTOR ADDRESS: 100 S. MISSOURI AVENUE CITY/ST/ZIP/CO: CLEARWATER, FL 33756</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	JOHN H MEEK JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 S. MISSOURI AVENUE		
CITY/ST/ZIP/CO:	CLEARWATER, FL 33756		

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.

/s/ MATTHEW C CRUM	MATTHEW C CRUM, PRESIDENT	8/25/2014
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.