# **Commonwealth of Kentucky** Michael G. Adams, Secretary of St KY Secretary of State

0481013 0481013 Michael G. A..... Received and Filed

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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Certificate of Authority**

**RCA** 

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

- 1. The business entity is a profit corporation.
- 2. The name of the entity is: CRUMP LIFE INSURANCE SERVICES, INC.
- 3. The name of the entity to be used in Kentucky is (if applicable):
- 4. It is an entity organized and existing under the laws of the state of Pennsylvania.
- 5. The date of organization is See Original Certificate of Authority. and the period of duration is perpetual

#### **Principal Office**

4135 North Front Street Harrisburg, PA 17110

### Registered Agent Name/Address

Corporation Service Company 421 West Main Street Frankfort, KY 40601

#### **Current Officers**

CFO	Andrea Lynn Holder	389 Interpace Parkway,4th Floor, Parsippany, NJ 07054
President	Robert Carney	389 Interpace Parkway,4th Floor, Parsippany, NJ 07054
Treasurer	Jennifer A. Matlock	389 Interpace Parkway,4th Floor, Parsippany, NJ 07054
Secretary	Tammy J. Stringer	389 Interpace Parkway,4th Floor, Parsippany, NJ 07054

- 6. As the Authorized Representative, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Tammy J. Stringer on 3/3/2023
- 7. As the Registered Agent, I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Corporation Service Company on 3/3/2023