

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000784

FILED
Jan 21, 2009
Secretary of State

Entity Name: EASTERN ALLIANCE INSURANCE COMPANY

Current Principal Place of Business:

25 RACE AVENUE
LANCASTER, PA 17603

New Principal Place of Business:

Current Mailing Address:

25 RACE AVENUE
LANCASTER, PA 17603

New Mailing Address:

P.O. BOX 83777
LANCASTER, PA 176083777

FEI Number: 23-2900463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PENWELL, SCOTT CARTER
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: DCEO () Delete
Name: ECKERT, BRUCE MATTHEW
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: TCFO () Delete
Name: SHOOK, KEVIN MERRICK
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: PCOO () Delete
Name: BOGUSKI, MICHAEL L
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: D () Delete
Name: BOGUSKI, MICHAEL L
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: VP () Delete
Name: EMMET, SUZANNE MARIE
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHIRK, BRENT L
Address: 25 RACE AVENUE
City-St-Zip: LANCASTER, PA 17603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENT L. SHIRK

VP

01/21/2009

Electronic Signature of Signing Officer or Director

Date