

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001769

FILED
Jan 15, 2007
Secretary of State

Entity Name: THE EASTERN ATLANTIC INSURANCE COMPANY

Current Principal Place of Business:

5300 DERRY STREET
HARRISBURG, PA 171113598

New Principal Place of Business:

Current Mailing Address:

5300 DERRY STREET
HARRISBURG, PA 171113598 US

New Mailing Address:

FEI Number: 23-2442975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: PCD () Delete
Name: PARMER, GEORGE A
Address: 911 GROVE ROAD
City-St-Zip: HARRISBURG, PA 17111

Title: D () Delete
Name: SCHILLING, JOHN L
Address: 5912 PALMER DR
City-St-Zip: HARRISBURG, PA 17112

Title: SD () Delete
Name: FOLEY, KATHLEEN D
Address: 2424 E. BAYBERRY DRIVE
City-St-Zip: HARRISBURG, PA 17112

Title: T () Delete
Name: THORWART, THOMAS M
Address: 6512 SANIBEL DR
City-St-Zip: HARRISBURG, PA 17111

Title: D () Delete
Name: ALFORD, BRIGID Q
Address: 510 3RD STREET
City-St-Zip: NEW CUMBRLAND, PA 17070

Title: VPD () Delete
Name: DEJESUS, JOSEPH A
Address: 10372 S.W. 159 AVE
City-St-Zip: MIAMI, FL 33196

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS THORWART

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01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date