

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001769

FILED
Feb 22, 2011
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

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

OFFICERS AND DIRECTORS:

Title: PCD
Name: PARMER, GEORGE A
Address: 911 GROVE ROAD
City-St-Zip: HARRISBURG, PA 17111

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

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

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

Title: D
Name: TINTNER, LEONARD
Address: 3833 LARABY DRIVE
City-St-Zip: HARRISBURG, PA 17110

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT YESELAVAGE

AST

02/22/2011

Electronic Signature of Signing Officer or Director

Date