

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000867

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** EASTERN INSURANCE ACQUISTION AGENCY, LLC

**Current Principal Place of Business:**

613 BALTIMORE DRIVE  
WILKES-BARRE, PA 18702

**New Principal Place of Business:**

**Current Mailing Address:**

613 BALTIMORE DRIVE  
WILKES-BARRE, PA 18702

**New Mailing Address:**

**FEI Number:** 26-4037068

**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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CORBETT, BRIAN T  
Address: 613 BALTIMORE DRIVE  
City-St-Zip: WILKES-BARRE, PA 18702

Title: MGR  
Name: SIEGEL, PAUL J  
Address: 613 BALTIMORE DRIVE  
City-St-Zip: WILKES-BARRE, PA 18702

Title: MGR  
Name: GILL, ROBERT  
Address: 613 BALTIMORE DRIVE  
City-St-Zip: WILKES-BARRE, PA 18702

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN T. CORBETT

MGR

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date