#### 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000784

**Entity Name: EASTERN ALLIANCE INSURANCE COMPANY** 

**Current Principal Place of Business:** 

25 RACE AVENUE LANCASTER, PA 17603

**FILED** Jan 09, 2013 **Secretary of State** CC8948295942

# **Current Mailing Address:**

P.O. BOX 83777

LANCASTER, PA 17608-3777

FEI Number: 23-2900463 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

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

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

#### Officer/Director Detail:

\/P

Title

Title Title

PENWELL, SCOTT CARTER BOGUSKI, MICHAEL L Name Name 25 RACE AVENUE 25 RACE AVENUE Address Address

City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603

Title SR VP Title VP. T. CFO

Name GILPIN, ROBERT ANTHONY Name SHOOK, KEVIN MERRICK

Address 25 RACE AVENUE Address 25 RACE AVENUE LANCASTER PA 17603 City-State-Zip: City-State-Zip: LANCASTER PA 17603

Title SR VP

Name EMMET, SUZANNE MARIE Name SHIRK, BRENT LAMAR

Address 25 RACE AVENUE 25 RACE AVENUE Address

City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603

Title VΡ Title SR VP

Name DISHART, NOREEN L SKLAR, CYNTHIA H Name 25 RACE AVENUE Address 25 RACE AVENUE Address City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603

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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: BRENT LAMAR SHIRK

VICE PRESIDENT

P, CEO, D

01/09/2013

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameBURKE, PAUL RNameECKERT, BRUCE MAddress25 RACE AVENUEAddress25 RACE AVENUE

City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603

Title DIRECTOR Title DIRECTOR

NameKING, RONALD LNameMCALAINE, ROBERT MAddress25 RACE AVENUEAddress25 RACE AVENUE

City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603

Title DIRECTOR Title DIRECTOR

Name SNYDER, WILLIAM L III Name VETTERLEIN, CHARLES H JR.

Address 25 RACE AVENUE Address 25 RACE AVENUE

City-State-Zip: LANCASTER PA 17603 City-State-Zip: LANCASTER PA 17603