

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003528

**FILED**  
**Jan 15, 2015**  
**Secretary of State**  
**CC1381848825**

**Entity Name:** EASTERN ADVANTAGE ASSURANCE COMPANY

**Current Principal Place of Business:**

25 RACE AVENUE  
LANCASTER, PA 17603

**Current Mailing Address:**

P.O. BOX 83777  
LANCASTER, PA 17608-3777

**FEI Number:** 65-1316719

**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 :**

Title            PRESIDENT, DIRECTOR  
Name            BOGUSKI, MICHAEL L  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            SR VP  
Name            GILPIN, ROBERT A  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            EXEC VP, T, CFO, DIRECTOR  
Name            SHOOK, KEVIN M  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            SR VP, ASST. SECRETARY  
Name            EMMET, SUZANNE M  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            VP, ASST. TREASURER  
Name            SHIRK, BRENT L  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            SR VP  
Name            SKLAR, CYNTHIA H  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            VP  
Name            DISHART, NOREEN L  
Address        25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title            SECRETARY, DIRECTOR  
Name            NEVILLE, KATHRYN A  
Address        100 BROOKWOOD PLACE  
                 SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209

**Continues on page 2**

*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 L SHIRK

**VICE PRESIDENT**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SR VP  
Name TALBERT, HARRY W  
Address 25 RACE AVENUE  
City-State-Zip: LANCASTER PA 17603

Title ASST. TREASURER, DIRECTOR  
Name RAND, EDWARD L JR.  
Address 100 BROOKWOOD PLACE  
SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209

Title VP  
Name COCHRAN, LAWRENCE K  
Address 100 BROOKWOOD PLACE  
SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209

Title CHAIRMAN, DIRECTOR  
Name STARNES, W STANCIL  
Address 100 BROOKWOOD PLACE  
SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209

Title ASST. SECRETARY, DIRECTOR  
Name LIENBY, JEFFREY P  
Address 100 BROOKWOOD PLACE  
SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR  
Name FRIEDMAN, HOWARD H  
Address 100 BROOKWOOD PLACE  
SUITE 300  
City-State-Zip: BIRMINGHAM AL 35209