

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212529490
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1.) CORPORATION NAME: Eastern States Insurance Agency, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MA	DUE DATE: 6/30/2012 SCC ID NO: F1754813 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	25,000
CLASS	AUTHORIZED				
COMMON	25,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 50 PROSPECT ST CITY/ST/ZIP: WALTHAM, MA 02453	
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7.) DIRECTORS AND PRINCIPAL OFFICERS:	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
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NAME: NEWTON S JOHNSON TITLE: PRES/TREAS ADDRESS: 50 PROSPECT ST CITY/ST/ZIP/CO: WALTHAM, MA 02453	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: OSCAR B JOHNSON TITLE: VP/SEC ADDRESS: 50 PROSPECT ST CITY/ST/ZIP/CO: WALTHAM, MA 02453	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ NEWTON S JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	NEWTON S JOHNSON, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	8/1/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.