

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847601 (2)
1. Corporation Name
U.S. AEGIS ENERGY INSURANCE COMPANY



Principal Place of Business Mailing Address
AEGIS INSURANCE SERVICES INC.
10 EXCHANGE PLACE
JERSEY CITY NJ 07302
10 EXCHANGE PLACE
JERSEY CITY NJ 07302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1980	
4. FEI Number 56-0997452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, BERNARD J	1.2 NAME	
STREET ADDRESS	10 EXCHANGE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAQUIRE, ALAN J.	2.2 NAME	
STREET ADDRESS	10 EXCHANGE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, FRANKLIN D	3.2 NAME	
STREET ADDRESS	10 EXCHANGE PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENAHAN, MARY ELLEN	4.2 NAME	
STREET ADDRESS	10 EXCHANGE PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	4.4 CITY-ST-ZIP	
TITLE	VPC	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITTOLI, ROCCO J	5.2 NAME	
STREET ADDRESS	10 EXCHANGE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGG, WILLIAM H.	6.2 NAME	
STREET ADDRESS	422 SOUTH CHURCH STREET PB03D	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ellen Lenahan*

7/7/98 (201) 521-1200

CR2E034 (5/98)