

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #
1. Corporation Name

847601

U.S. AEGIS Energy Insurance Company

Principal Place of Business: **AEGIS Insurance Services Inc. 10 Exchange Place Jersey City, NJ 07302**
Mailing Address: **same as principal address**

3. Date Incorporated or Qualified January 14, 1972	3a. Date of Last Report March 2, 1995
4. FEI Number 56-0997452	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
State Insurance Commissioner of Florida
The Capital Building
Tallahassee, Florida 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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 or 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 _____ DATE _____
Signature typed or printed name of registered agent and date of appointment _____
Name of Registered Agent typed or printed name and date of appointment _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE V/S <input checked="" type="checkbox"/> DELETE	NAME Deanna Voss	1.1 TITLE C/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1415 Foulk Road, Suite 100	CITY-ST-ZIP Wilmington, DE 19803	1.2 NAME Bernard J. Kennedy
TITLE C/CEO <input checked="" type="checkbox"/> DELETE	NAME Robert Rothman	1.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.
STREET ADDRESS 100 N. Tampa Street, Suite 3600	CITY-ST-ZIP Tampa, FL 33602	1.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
TITLE SVP <input checked="" type="checkbox"/> DELETE	NAME Charles L. Beale	2.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 N. Tampa Street, Suite 3600	CITY-ST-ZIP Tampa, FL 33602	2.2 NAME James E. Bachman
TITLE C/D <input checked="" type="checkbox"/> DELETE	NAME Seidel Samuel	2.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.
STREET ADDRESS 1415 Foulk Road	CITY-ST-ZIP Wilmington, DE 19803-2788	2.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Franklin D. Sanders
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Mary Ellen Lenahan
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE V, Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME Rocco J. Nittoli
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE 900001926733 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME -08/20/96--01085--044
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS ***225.00
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

1.1 TITLE C/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME Bernard J. Kennedy
1.3 STREET ADDRESS c/o AEGIS Insurance Services Inc.	1.4 CITY-ST-ZIP 10 Exchange Place, Jersey City, NJ 07302
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in my 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* **MARY ELLEN LENAHAN** 7/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 7/25/96
201-521-4692
201-521-4692

CR2E034 (12/95)