

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



Principal Place of Business AEGIS INSURANCE SERVICES INC. 10 EXCHANGE PLACE JERSEY CITY NJ 07302	Mailing Address 10 EXCHANG PLACE JERSEY CITY NJ 07302 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/01/1980	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAGUIRE, 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	<input checked="" type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NITTOI, 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	<input type="checkbox"/> DELETE	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	

ALSO SEE ATTACHED

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)