

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90115 018 \*\*\*150.00

0663633

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 847601**

1. Corporation Name  
**U.S. AEGIS ENERGY INSURANCE COMPANY**

Principal Place of Business <b>AEGIS INSURANCE SERVICES INC.                  10 EXCHANGE PLACE                  JERSEY CITY NJ 07302</b>	Mailing Address <b>10 EXCHANGE PLACE                  JERSEY CITY NJ 07302                  US</b>
--	---



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>12/01/1980</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>56-0997452</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>KENNEDY, BERNARD J</b>	
STREET ADDRESS	<b>10 EXCHANGE PLACE</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>MAGUIRE, ALAN J.</b>	
STREET ADDRESS	<b>10 EXCHANGE PLACE</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>LENAHAN, MARY ELLEN</b>	
STREET ADDRESS	<b>10 EXCHANGE PLACE</b>	
CITY-ST-ZIP	<b>JERSEY CITY NJ</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>GRIGG, WILLIAM H.</b>	
STREET ADDRESS	<b>422 SOUTH CHURCH STREET PB03D</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>526 SOUTH CHURCH STREET - EC-03Y</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<i>Please see the attached</i>
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)(i), 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, with all other like empowered.

SIGNATURE: *Mary Ellen Lenahan* **MARY ELLEN LENAHAN** 1/28/99 (201)-521-4692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

183431-90115-18  
847601

**U.S. AEGIS ENERGY INSURANCE COMPANY**

<b><u>NAME &amp; TITLE</u></b>	<b><u>ADDRESS</u></b>
Edward R. Crooke Director	c/o U.S. AEGIS Energy Insurance Company 10 Exchange Place, Jersey City, NJ 07302
William H. Grigg Director	c/o U.S. AEGIS Energy Insurance Company 10 Exchange Place, Jersey City, NJ 07302
Eugene A. Tracy Director	c/o U.S. AEGIS Energy Insurance Company 10 Exchange Place, Jersey City, NJ 07302
Norman L. Cocanour Vice President, Underwriting	10 Exchange Place Jersey City, NJ 07302
Bruce W. Roznowski Vice President, Claims	10 Exchange Place Jersey City, NJ 07302
John J. Denman Vice President & Controller	10 Exchange Place Jersey City, NJ 07302
Sanford M. Gordon Assistant Controller	10 Exchange Place Jersey City, NJ 07302
Paul Jaoen Accounting Officer	10 Exchange Place Jersey City, NJ 07302
George J. Keefe Underwriting Officer	10 Exchange Place Jersey City, NJ 07302
Martin Sernal Accounting Officer	10 Exchange Place Jersey City, NJ 07302
Stephen P. Byrne Assistant Secretary	10 Exchange Place Jersey City, NJ 07302
Robert M. Lally Treasurer	10 Exchange Place Jersey City, NJ 07302
Kirk G. Fleming Vice President, Actuary	10 Exchange Place Jersey City, NJ 07302