FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -8 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853573 (4)

1. Corporation Name
AEGIS SECURITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
2589 INTERSTATE DRIVE HARRISBURG PA 17110	2589 INTERSTATE DRIVE HARRISBURG PA 17110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1982	3a. Date of Last Report: 03/02/1994
4. FEI Number: 23-2035821	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	NISSLEY, JOHN J	1.2 NAME	
STREET ADDRESS	1620 PARKWAY WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KOHLHAAS, EARL	2.2 NAME	
STREET ADDRESS	450 ALLENVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	LANE JR, MARTIN G	3.2 NAME	
STREET ADDRESS	2589 INTERSTATE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRITTON, KENNETH R	4.2 NAME	
STREET ADDRESS	329 S FRONT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORMLEYSBURG PA	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HORSTMAN, NANCY R.	5.2 NAME	
STREET ADDRESS	RD. #2, BOX 2997	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRANTVILLE PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, THEODORA F	6.2 NAME	
STREET ADDRESS	586 IRISHTOWN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW OXFORD PA	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405170 FN