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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 17110-9602

3. Date Incorporated or Qualified: 07/27/1982
3a. Date of Last Report: 02/28/1996

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRITZ, DARLEEN		5.2 NAME		
STREET ADDRESS	1410 WATERFORD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAMP HILL PA		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, RONALD K.		6.2 NAME		
STREET ADDRESS	525 CAROL STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CUMBERLAND PA		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ FEBRUARY 18, 1997 (717) 657-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #