

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 2589 INTERSTATE DRIVE HARRISBURG PA 17110	Mailing Address 2589 INTERSTATE DRIVE HARRISBURG PA 17110
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/27/1982	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 23-2035821	
City & State 23		City & State 28		Applied For Not Applicable	
Zip 24		Country 25		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 29		Country 30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible, Personal Property Tax due June 30. ☐ 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	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSLEY, JOHN J 1820 PARKWAY WEST HARRISBURG, PA 00000 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHLHAAS, EARL 450 ALLENVIEW DRIVE MECHANICSBURG PA ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE JR, MARTIN G 2589 INTERSTATE DR HARRISBURG, PA 00000 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, KENNETH R 329 S FRONT ST WORMLEYSBURG PA ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITZ, DARLEEN 1410 WATERFORD CAMP HILL PA ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, RONALD K. 525 CAROL STREET NEW CUMBERLAND PA ☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	SECRETARY DEBORAH A. GOOD 4283 WIMBLEDON DRIVE HARRISBURG PA 17112 ☐ Change ☒ Addition

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)