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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853573**

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 Qualifed: 07/27/1982

2. Principal Place of Business	2a. Mailing Address
21 2407 PARK DRIVE	26 P.O. BOX 3153
Suite, Apt. #, etc. 22 SUITE 200	Suite, Apt. #, etc. 27
City & State 23 HARRISBURG, PA	City & State 28 HARRISBURG, PA
Zip 24 17110 Country 25 USA	Zip 29 17105 Country 30 USA

4. FEI Number: 23-2035821 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ 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	☐ 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	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEBORAH A GOOD		2.2 NAME	
STREET ADDRESS	4283 WIMBLEDON DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA 17112		2.4 CITY-ST-ZIP	
TITLE	CEO	☐ DELETE	3.1 TITLE	CEO ☒ Change ☐ Addition
NAME	LANE JR, MARTIN G		3.2 NAME	MARTIN G. LANE JR.
STREET ADDRESS	2589 INTERSTATE DR		3.3 STREET ADDRESS	2407 PARK DRIVE SUITE 200
CITY-ST-ZIP	HARRISBURG, PA 00000		3.4 CITY-ST-ZIP	HARRISBURG, PA 17110
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	P	☐ 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 (11/98)

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: William J. Wollyung VICE PRESIDENT 2/23/99 (717)657-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #