

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853573

FILED
Apr 21, 2006
Secretary of State

Entity Name: AEGIS SECURITY INSURANCE COMPANY

Current Principal Place of Business:

2407 PARK DRIVE
SUITE 200
HARRISBURG, PA 17110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3153
HARRISBURG, PA 17105

New Mailing Address:

FEI Number: 23-2035821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NISSLEY, JOHN J,
Address: 1620 PARKWAY WEST
City-St-Zip: HARRISBURG, PA

Title: S () Delete
Name: DEBORAH A GOOD,
Address: 4283 WIMBLEDON DR
City-St-Zip: HARRISBURG, PA 17112

Title: CEO () Delete
Name: LANE JR, MARTIN G,
Address: 2407 PARK DRIVE , SUITE 200
City-St-Zip: HARRISBURG, PA 17110

Title: D () Delete
Name: BRITTON, KENNETH R,
Address: 5056 BARROEW DRIVE
City-St-Zip: TAMPA, FL 33624

Title: P () Delete
Name: FRITZ, DARLEEN
Address: 1410 WATERFORD
City-St-Zip: CAMP HILL, PA

Title: T () Delete
Name: WOLLYUNG III, WILLIAM J
Address: 29 CHERISH DRIVE
City-St-Zip: CAMP HILL, PA 17011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J WOLLYUNG III

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04/21/2006

Electronic Signature of Signing Officer or Director

Date