2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# 853573

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
Name:	
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 T 04/18/2007

Electronic Signature of Signing Officer or Director — Date