

**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  
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

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date