

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853573

FILED
Apr 13, 2009
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 17112

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: 200 HARBOR DR
City-St-Zip: TAVENIER, FL 33070

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 17011

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: D (X) Change () Addition
Name: BRITTON, KENNETH R
Address: 5056 BARROWE DRIVE
City-St-Zip: TAMPA, FL 33624

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 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

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date