

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **853573** (4)

1. Corporation Name
AEGIS SECURITY INSURANCE COMPANY



Principal Place of Business: **2589 INTERSTATE DRIVE HARRISBURG PA 17110**
Mailing Address: **2589 INTERSTATE DRIVE HARRISBURG PA 17110**

3. Date Incorporated or Qualified: **07/27/1982**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **23-2035821**
5. Certificate 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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

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 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	NISSLEY, JOHN J	
STREET ADDRESS	1620 PARKWAY WEST	
CITY-STATE-ZIP	HARRISBURG, PA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOHLHAAS, EARL	
STREET ADDRESS	450 ALLENVIEW DRIVE	
CITY-STATE-ZIP	MECHANICSBURG PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANE JR, MARTIN G	
STREET ADDRESS	2589 INTERSTATE DR	
CITY-STATE-ZIP	HARRISBURG, PA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRITTON, KENNETH R	
STREET ADDRESS	329 S FRONT ST	
CITY-STATE-ZIP	WORMLEYSBURG PA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HORSTMAN, NANCY R.	
STREET ADDRESS	RD. #2, BOX 2997	
CITY-STATE-ZIP	GRANTVILLE PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTSON, THEODORA F	
STREET ADDRESS	586 IRISHTOWN ROAD	
CITY-STATE-ZIP	NEW OXFORD PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	DARLEEN J. FRITZ	
3. STREET ADDRESS	1410 WATERFORD	
4. CITY-STATE-ZIP	CAMP HILL, PA 17011	
5. TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	RONALD L. THOMAS	
7. STREET ADDRESS	525 CAROL STREET	
8. CITY-STATE-ZIP	NEW CUMBERLAND, PA 17070	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (717)657-9671

CR2E034 (12/95)