

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 853573

**Entity Name:** AEGIS SECURITY INSURANCE COMPANY

**Current Principal Place of Business:**

2407 PARK DRIVE  
SUITE 200  
HARRISBURG, PA 17110

**Current Mailing Address:**

P.O. BOX 3153  
HARRISBURG, PA 17105

**FEI Number:** 23-2035821

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name LANE, MARTIN G JR  
Address 175 HARBOR DRIVE  
City-State-Zip: TAVERNIER FL 33070

Title SECRETARY  
Name GOOD, DEBORAH A  
Address 4283 WIMBLEDON DR  
City-State-Zip: HARRISBURG PA 17112

Title CEO  
Name KIMMEL, ROBERT  
Address 514 VIA DE LA VALLE  
SUITE 302  
City-State-Zip: SOLANA BEACH CA 92075

Title DIRECTOR  
Name KILKENNY, PATRICK  
Address 2008 SEAVIEW DRIVE  
City-State-Zip: DEL MAR CA 92014

Title PRESIDENT  
Name FRITZ, DARLEEN J  
Address 1410 WATERFORD  
City-State-Zip: CAMP HILL PA 17011

Title CFO  
Name WOLLYUNG, WILLIAM JIII  
Address 29 CHERISH DRIVE  
City-State-Zip: CAMP HILL PA 17011

Title DIRECTOR  
Name LAURICELLA, FRANCIS JR  
Address 2360 VALLEJO ST  
City-State-Zip: SAN FRANCISCO CA 94123

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM J. WOLLYUNG III

CFO

02/05/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date