

2016 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 WOLLYUNG III, WILLIAM J
Address 29 CHERISH DRIVE
City-State-Zip: CAMP HILL PA 17011

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

Title PRESIDENT
Name WOLLYUNG III, WILLIAM J
Address 29 CHERISH DRIVE
City-State-Zip: CAMP HILL PA 17011

Title CFO
Name CRISE, BRETT G
Address 11 AZALEA DRIVE
City-State-Zip: MT. HOLLY SPRINGS PA 17065

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: BRETT CRISE

CFO

02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date