

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853573

Entity Name: AEGIS SECURITY INSURANCE COMPANY

Current Principal Place of Business:

4507 NORTH FRONT STREET
SUITE 200
HARRISBURG, PA 17110

Current Mailing Address:

4507 NORTH FRONT STREET
SUITE 200
HARRISBURG, PA 17110 US

FEI Number: 23-2035821

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 KILKENNY, PATRICK J.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name LANE, MARTIN G. JR.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title TREASURER
Name CRISE, BRETT G.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title PRESIDENT
Name WOLLYUNG, WILLIAM J. III
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title SECRETARY
Name LIDDICK, REBECCA
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name COLLINS, JOHN B. JR.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name DE JONGE, WILLIAM R.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name KILKENNY, RUSSELL R.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Continues on page 2

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: REBECCA LIDDICK

SECRETARY

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAURICELLA, FRANCIS E. JR.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name JONES, LELAND M.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name VON SCHLEGELL, JOHN E.
Address 4507 NORTH FRONT STREET
SUITE 200
City-State-Zip: HARRISBURG PA 17110