2020 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

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

Officer/Director Detail :

Officer/Director Detail :					
Title	DIRECTOR	Title	TREASURER		
Name	COLLINS JR., JOHN B.	Name	CRISE, BRETT G.		
Address	4507 NORTH FRONT STREET,SUITE 200	Address	4507 NORTH FRONT STREET,SUITE 200		
City-State-Zip:	HARRISBURG PA 17110	City-State-Zip:	HARRISBURG PA 17110		
Title	DIRECTOR	Title	DIRECTOR		
Name	DE JONGE, WILLIAM R.	Name	JONES, LELAND M.		
Address	4507 NORTH FRONT STREET,SUITE 200	Address	4507 NORTH FRONT STREET,SUITE 200		
City-State-Zip:	HARRISBURG PA 17110	City-State-Zip:	HARRISBURG PA 17110		
Title	DIRECTOR	Title	DIRECTOR		
Name	KILKENNY, PATRICK J.	Name	KILKENNY, RUSSELL R.		
Address	4507 NORTH FRONT STREET,SUITE 200	Address	4507 NORTH FRONT STREET,SUITE 200		
City-State-Zip:	HARRISBURG PA 17110	City-State-Zip:	HARRISBURG PA 17110		
Title	DIRECTOR	Title	DIRECTOR		
Name	LANE JR., MARTIN G.	Name	LAURICELLA JR., FRANCIS E.		
Address	4507 NORTH FRONT STREET,SUITE 200	Address	4507 NORTH FRONT STREET,SUITE 200		
City-State-Zip:	HARRISBURG PA 17110	City-State-Zip:	HARRISBURG PA 17110		

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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

05/01/2020

Electronic Signature of Signing Officer/Director Detail

FILED May 01, 2020 Secretary of State 4224133697CC

Certificate of Status Desired: No

Date

Date

Officer/Director Detail Continued :

Title	SECRETARY	Title	DIRECTOR
Name	LIDDICK, REBECCA	Name	VON SCHLEGELL, JOHN E.
Address	4507 NORTH FRONT STREET,SUITE 200	Address	4507 NORTH FRONT STREET, SUITE
City-State-Zip:	HARRISBURG PA 17110	0.11 01 1 7	200
		City-State-Zip:	HARRISBURG PA 17110
Title	PRESIDENT		
Name	WOLLYUNG III, WILLIAM J.		
Address	4507 NORTH FRONT STREET, SUITE 200		

City-State-Zip: HARRISBURG PA 17110