

**2022 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 HOYE, JOHN R.  
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 DIRECTOR  
Name VON SCHLEGELL, JOHN E.  
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 LAURICELLA, FRANCIS E. JR.  
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 DIRECTOR  
Name KILKENNY, RUSSELL R.  
Address 4507 NORTH FRONT STREET  
SUITE 200  
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR  
Name KILKENNY, PATRICK J.  
Address 4507 NORTH FRONT STREET  
SUITE 200  
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:** LIDDICK , REBECCA

**SECRETARY**

**04/01/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JONES, LELAND M.  
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 DIRECTOR  
Name DE JONGE, WILLIAM R.  
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