

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853573 (4)

1. Corporation Name
AEGIS SECURITY INSURANCE COMPANY



Principal Place of Business 2589 INTERSTATE DRIVE HARRISBURG PA 17110	Mailing Address 2589 INTERSTATE DRIVE HARRISBURG PA 17110-9802
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1982	3a. Date of Last Report 02/28/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-2035821	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLHASSEE FL 32301		10. Name and Address of New Registered Agent	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NISSLEY, JOHN J	1.2 NAME	
STREET ADDRESS	1620 PARKWAY WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KOHLHAAS, EARL	2.2 NAME	
STREET ADDRESS	450 ALLENVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD LANE JR, MARTIN G	3.2 NAME	
STREET ADDRESS	2589 INTERSTATE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRITTON, KENNETH R	4.2 NAME	
STREET ADDRESS	329 S FRONT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORMLEYSBURG PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S FRITZ, DARLEEN	5.2 NAME	
STREET ADDRESS	1410 WATERFORD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL PA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T THOMAS, RONALD K.	6.2 NAME	
STREET ADDRESS	525 CAROL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CUMBERLAND PA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: _____ DATE: **FEBRUARY 18, 1997** (717, 657-9671)

CR2E034 (9/96)