

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853573

Entity Name: AEGIS SECURITY INSURANCE COMPANY

Current Principal Place of Business:

4431 NORTH FRONT STREET
SUITE 100
HARRISBURG, PA 17110

Current Mailing Address:

4431 NORTH FRONT STREET
SUITE 100
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 PRESIDENT / CEO
Name WOLLYUNG, WILLIAM J. III
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title CFO
Name CRISE, BRETT G.
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title SECRETARY
Name LIDDICK, REBECCA
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name WOLLYUNG, WILLIAM J. III
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name COLLINS, JOHN B. JR.
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name MAGDEN, JOSHUA A.
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name KILKENNY, RUSSELL R
Address 4431 NORTH FRONT STREET
 SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name LAURICELLA, FRANCIS E. JR.
Address 4431 NORTH FRONT STREET
 SUITE 100
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: BRETT G. CRISE

CFO

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KADOTA, GARY K.
Address 4431 NORTH FRONT STREET
SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name KILKENNY, KEVIN S.
Address 4431 NORTH FRONT STREET
SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name HOYE, JOHN R
Address 4431 NORTH FRONT STREET
SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name KILKENNY, PATRICK J.
Address 4431 NORTH FRONT STREET
SUITE 100
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR
Name STOTT, PETER W.
Address 4431 NORTH FRONT STREET
SUITE 100
City-State-Zip: HARRISBURG PA 17110