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Mar 08, 1999 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

03-08-1999 90024 050 ***150.00

DOCUMENT # 853573

1. Corporation Name AEGIS SECURITY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2589 INTERSTATE DRIVE HARRISBURG PA 17110
Mailing Address 2589 INTERSTATE DRIVE HARRISBURG PA 17110

3. Date Incorporated or Qualified 07/27/1982
4. FEI Number 23-2035821
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 2407 PARK DRIVE
22 SUITE 200
23 HARRISBURG, PA
24 17110 USA
2a. Mailing Address 26 P.O. Box 3153
27
28 HARRISBURG, PA
29 17105 USA

9. Name and Address of Current Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include NISSLEY, JOHN J; DEBORAH A GOOD; LANE JR, MARTIN G; BRITTON, KENNETH R; FRITZ, DARLEEN; THOMAS, RONALD K.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes entry for MARTIN G. LANE JR.

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Wolynay, VICE PRESIDENT 2/23/99 (717)657-9671

CR2E034 (11/98)