

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90316 041 ***150.00

0394382

DOCUMENT # 853573

1. Entity Name
AEGIS SECURITY INSURANCE COMPANY

Principal Place of Business Mailing Address
2407 PARK DRIVE **P.O. BOX 3153**
SUITE 200 **HARRISBURG PA 17110**
HARRISBURG PA 17110

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **23-2035821** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSLEY, JOHN J 1620 PARKWAY WEST HARRISBURG, PA 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEBORAH A GOOD 4283 WIMBLEDON DR HARRISBURG PA 17112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANE JR, MARTIN G 2407 PARK DRIVE , SUITE 200 HARRISBURG PA 17110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, KENNETH R 329 S FRONT ST WORMLEYSBURG PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITZ, DARLEEN 1410 WATERFORD CAMP HILL PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, RONALD K. 525 CAROL STREET NEW CUMBERLAND PA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Wollyung III **WILLIAM J. WOLLYUNG III CPA** (717) 657-9671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
VICE-PRESIDENT - FINANCE Date: 2/20/01 Daytime Phone #

CR2E034 (10/00)