2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004206

Entity Name: AEGIS GENERAL INSURANCE AGENCY INC

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: 23-1745172 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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:

Name

Name

Electronic Signature of Registered Agent Date

Officer/Director Detail:

PRESIDENT Title Title CEO / CHAIRMAN OF THE BOARD /

DIRECTOR KIMMEL. ROBERT J. Name

Name KILKENNY, PATRICK J.

4507 NORTH FRONT STREET Address Address 4507 NORTH FRONT STREET SUITE 200

SUITE 200

HARRISBURG PA 17110 City-State-Zip: City-State-Zip: HARRISBURG PA 17110

Title **CFO** Title COO HUNTER, NATHAN D.

Name LUBIEN. MATTHEW T.

4507 NORTH FRONT STREET Address Address 4507 NORTH FRONT STREET SUITE 200

SUITE 200

HARRISBURG PA 17110 City-State-Zip: HARRISBURG PA 17110 City-State-Zip:

Title **SECRETARY** Title CIO

LUBIEN, MATTHEW T. KILKENNY, REBECKA Name

4507 NORTH FRONT STREET Address Address 4507 NORTH FRONT STREET SUITE 200

SUITE 200

HARRISBURG PA 17110 City-State-Zip: City-State-Zip: HARRISBURG PA 17110

Title **GENERAL COUNSEL** Title DIRECTOR SCHRANER, ROBERT

Name LANE, MARTIN G. JR. Name Address 4507 NORTH FRONT STREET

4507 NORTH FRONT STREET Address SUITE 200

SUITE 200 HARRISBURG PA 17110

City-State-Zip: HARRISBURG PA 17110 City-State-Zip:

Continues on page 2

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.

04/26/2017 SIGNATURE: MATTHEW T. LUBIEN **SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 26, 2017

Secretary of State

CC9438165626

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

VON SCHLEGELL, JOHN E. Name JONES, LELAND M. Name

Address 4507 NORTH FRONT STREET Address 4507 NORTH FRONT STREET SUITE 200

SUITE 200

HARRISBURG PA 17110 City-State-Zip: HARRISBURG PA 17110 City-State-Zip:

DIRECTOR Title DIRECTOR Title

LAURICELLA, FRANCIS E. JR. DE JONGE, WILLIAM R. Name Name

Address 4507 NORTH FRONT STREET Address 4507 NORTH FRONT STREET

SUITE 200 SUITE 200

HARRISBURG PA 17110 HARRISBURG PA 17110 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

KILKENNY, RUSSELL R. Name COLLINS, JOHN B. JR. Name

Address 4507 NORTH FRONT STREET Address 4507 NORTH FRONT STREET

SUITE 200 SUITE 200

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