

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002409

**Entity Name:** HANCOCK INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

114 MAIN STREET  
BAY ST. LOUIS, MS 39520

**Current Mailing Address:**

ATTN: TERESA LYGATE  
228 ST. CHARLES AVENUE SUITE 626  
NEW ORLEANS, LA 70130 US

**FEI Number:** 64-0169103

**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 TD  
Name ACHARY, MICHAEL M  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title VPD  
Name SAIK, CLIFTON J  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title PD  
Name CHANEY, CARL J  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title SD  
Name HAIRSTON, JOHN M  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title VPD  
Name ROTH, CHRIS  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title DIRECTOR, VP  
Name LULICH, MICHAEL A.  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

*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:** CHRIS ROTH

**DIRECTOR & VP**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date