

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

Entity Name: HANCOCK INSURANCE AGENCY, INC.

Current Principal Place of Business:

2510 14TH STREET
GULFPORT, MS 39501

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 ASST. SECRETARY
Name LYGATE, TERESA
Address 228 ST. CHARLES AVENUE
SUITE 626
City-State-Zip: NEW ORLEANS LA 70130

Title CORPORATE TAX OFFICER
Name LESTELLE, ELIZABETH M
Address 228 ST. CHARLES AVENUE
City-State-Zip: NEW ORLEANS LA 70130

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: TERESA LYGATE

ASSISTANT SECRETARY 04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date