

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002409

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

**Current Principal Place of Business:**

2510 14TH STREET  
GULFPORT, MS 39501

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC7546057302**

**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 DIRECTOR, TREASURER  
Name ACHARY, MICHAEL M  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR, VP  
Name SAIK, CLIFTON J  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR, SECRETARY  
Name LOPER, D. SHANE  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

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

Title DIRECTOR, VP  
Name ROTH, CAMORS C  
Address 2510 14TH STREET  
City-State-Zip: GULFPORT MS 39501

Title ASST. SECRETARY  
Name LYGATE, TERESA Z  
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

Title ASST. SECRETARY  
Name LOUPE, PATRICIA K  
Address 228 ST. CHARLES AVENUE  
EXECUTIVE OFFICES  
City-State-Zip: NEW ORLEANS LA 70130

**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.*

**SIGNATURE:** TERESA Z LYGATE

**ASST. SECRETARY**

**04/13/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name COMISKEY, PATRICIA  
Address 228 ST. CHARLES AVENUE  
City-State-Zip: NEW ORLEANS LA 70130