

**2021 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: KYNA N. SMITH  
701 POYDRAS STREET SUITE 3000  
NEW ORLEANS, LA 70139 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  
Name ACHARY, MICHAEL M  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

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

Title VP  
Name COMISKEY, PATRICIA  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

Title DIRECTOR  
Name EXNICIOS, JOSEPH S.  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

Title TREASURER  
Name FRADELLA, JENNIFER  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

Title OFFICER, EXECUTIVE SECRETARY  
Name PHILLIPS, JOY LAMBERT  
Address 2510 14TH STREET  
LEGAL DEPARTMENT  
City-State-Zip: GULFPORT MS 39501

Title OFFICER  
Name SMITH, KYNA  
Address 701 POYDRAS STREET  
SUITE 3000  
City-State-Zip: NEW ORLEANS LA 70139

Title OFFICER, PRESIDENT  
Name OTERO, MICHAEL  
Address 2510 14TH ST  
City-State-Zip: GULFPORT MS 39501

**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:** KYNA SMITH

**ASST SECRETARY**

**04/29/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name CAMENZULI, KELLY  
Address 701 POYDRAS STREET  
16TH FLOOR SUITE 537  
City-State-Zip: NEW ORLEANS LA 70139

Title OFFICER  
Name LOUPE, PATRICIA  
Address 701 POYDRAS STREET  
SUITE 3400  
City-State-Zip: NEW ORLEANS LA 70139

Title OFFICER  
Name LEW, BONNIE  
Address 701 POYDRAS STREET  
SUITE 1500  
City-State-Zip: NEW ORLEANS LA 70139