

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003497

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

**Current Principal Place of Business:**

14700 CITICORP DRIVE  
HAGERSTOWN, MD 21742

**Current Mailing Address:**

PO BOX 30509  
ATTN: TAX & REPORTING  
TAMPA, FL 33631 US

**FEI Number:** 94-2571325

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                |
|-----------------|--------------------------------|
| Title           | SECRETARY                      |
| Name            | BOYHER, JEFFERY L              |
| Address         | 1000 TECHNOLOGY DRIVE          |
| City-State-Zip: | O'FALLON MO 63368              |
| Title           | DIRECTOR, PRESIDENT, TREASURER |
| Name            | ROMANO, RAYMOND                |
| Address         | 399 PARK AVE                   |
| City-State-Zip: | NEW YORK NY 10022              |

|                 |                           |
|-----------------|---------------------------|
| Title           | DIRECTOR                  |
| Name            | MITCHELL, NERRY           |
| Address         | 1000 TECHNOLOGY DR        |
| City-State-Zip: | O'FALLON MO 63368         |
| Title           | ASSISTANT TAX OFFICER     |
| Name            | SCHMIDT, JULIE            |
| Address         | 8800 HIDDEN RIVER PARKWAY |
| City-State-Zip: | TAMPA FL 33637            |

*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:** JULIE SCHMIDT

**ASSISTANT TAX OFFICER** 04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date