

2019 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 33630 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 DR
City-State-Zip: O'FALLON MO 63368

Title DIRECTOR
Name MITCHELL, NERRY
Address 1000 TECHNOLOGY DR
City-State-Zip: O'FALLON MO 63368

Title DIRECTOR, PRESIDENT, TREASURER
Name ROMANO, RAYMOND
Address 201 S BISCAYNE BLVD
City-State-Zip: MIAMI FL 33131

Title ASSISTANT TAX OFFICER
Name SCHMIDT, JULIE
Address 8800 HIDDEN RIVER PARKWAY
City-State-Zip: TAMPA FL 33637

Title DIRECTOR
Name KORMANEK, SHAWN
Address 1000 TECHNOLOGY DR
City-State-Zip: O'FALLON MO 63368

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** 04/09/2019_____
Electronic Signature of Signing Officer/Director Detail_____
Date