

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003497

Entity Name: FNC INSURANCE AGENCY, INC.**Current Principal Place of Business:**14700 CITICORP DRIVE
HAGERSTOWN, MD 21740**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 PRESIDENT, DIRECTOR
Name HESS, BARRY W
Address 6400 LAS COLINAS BLVD
City-State-Zip: IRVING TX 75039

Title VP, SECRETARY
Name BOYHER, JEFFERY L
Address 1000 TECHNOLOGY DRIVE
City-State-Zip: O'FALLON MO 63368

Title TREASURER, CFO
Name LOWE, ROBIN N
Address 1000 TECHNOLOGY DRIVE
City-State-Zip: O'FALLON MO 63368

Title VP
Name HOFFMAN, LISA A
Address 3800 CITIGROUP CENTER DR
City-State-Zip: TAMPA FL 33610

Title DIRECTOR
Name NAUMANN, JOAN
Address 1000 TECHNOLOGY DRIVE
City-State-Zip: O'FALLON MO 63368

Title DIRECTOR
Name NAUMANN, JOAN
Address 1000 TECHNOLOGY DRIVE
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: LISA A HOFFMAN

VP

04/15/2015

Electronic Signature of Signing Officer/Director Detail_____
Date