

**2016 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 VP, SECRETARY  
Name BOYHER, JEFFERY L  
Address 1000 TECHNOLOGY DRIVE  
City-State-Zip: O'FALLON MO 63368

Title DIRECTOR  
Name MITCHELL, NERRY  
Address 300 ST PAUL PL  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR, PRESIDENT  
Name RENZI, ANTHONY  
Address 1000 NORTH WEST ST  
City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR, TREASURER  
Name ROMANO, RAYMOND  
Address 399 PARK AVE  
City-State-Zip: NEW YORK NY 10022

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 04/19/2016**

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

\_\_\_\_\_  
Date