

2023 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 VP
Name COMISKEY, PATRICIA
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
Name SMITH, KYNA
Address 701 POYDRAS STREET
SUITE 3000
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 DIRECTOR
Name EXNICIOS, JOSEPH S.
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, PRESIDENT
Name OTERO, MICHAEL
Address 2510 14TH ST
City-State-Zip: GULFPORT MS 39501

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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 N. SMITH**OFFICER****04/25/2023**

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 LEW, BONNIE
Address 701 POYDRAS STREET
 SUITE 1500
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