

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002409

Entity Name: HANCOCK INSURANCE AGENCY, INC.**Current Principal Place of Business:**114 MAIN STREET
BAY ST. LOUIS MS 39520**Current Mailing Address:**ATTN: TERESA LYGATE
228 ST. CHARLES AVENUE SUITE626
NEW ORLEANS, LA 70130 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 TD
Name ACHARY, MICHAEL M
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501Title PD
Name CHANEY, CARL J
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501Title VPD
Name ROTH, CHRIS
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501Title VPD
Name SAIK, CLIFTON J
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501Title SD
Name HAIRSTON, JOHN M
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501Title DIRECTOR, VP
Name LULICH, MICHAEL A.
Address 2510 14TH STREET
City-State-Zip: GULFPORT MS 39501

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: CHRIS ROTH**DIRECTOR & VP****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date