

2016 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: TERESA LYGATE
228 ST. CHARLES AVENUE SUITE 626
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	DIRECTOR
Name	ACHARY, MICHAEL M
Address	228 ST. CHARLES AVENUE EXECUTIVE OFFICES
City-State-Zip:	NEW ORLEANS LA 70130
Title	ASST. SECRETARY
Name	LYGATE, TERESA Z
Address	228 ST. CHARLES AVENUE SUITE 626
City-State-Zip:	NEW ORLEANS LA 70130
Title	VP
Name	COMISKEY, PATRICIA
Address	228 ST. CHARLES AVENUE
City-State-Zip:	NEW ORLEANS LA 70130
Title	TREASURER, VP, ASST. SECRETARY
Name	WADSWORTH, JUSTIN
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501

Title	DIRECTOR, CHAIRMAN
Name	LOPER, D. SHANE
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501
Title	CORPORATE TAX OFFICER
Name	LESTELLE, ELIZABETH M
Address	228 ST. CHARLES AVENUE
City-State-Zip:	NEW ORLEANS LA 70130
Title	DIRECTOR
Name	EXNICIOS, JOSEPH S.
Address	228 ST. CHARLES AVENUE EXECUTIVE OFFICES
City-State-Zip:	NEW ORLEANS LA 70130
Title	SECRETARY
Name	PHILLIPS, JOY LAMBERT
Address	2510 14TH STREET LEGAL DEPARTMENT
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: TERESA Z. LYGATE**ASSISTANT SECRETARY** 04/20/2016_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	PRESIDENT
Name	DICKERSON, MICHAEL K.
Address	2510 14TH STREET
City-State-Zip:	GULFPORT MS 39501