

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003497

FILED
Mar 23, 2012
Secretary of State

Entity Name: FNC INSURANCE AGENCY, INC.

Current Principal Place of Business:

14700 CITICORP DRIVE
HAGERSTOWN, MD 21742

New Principal Place of Business:

14700 CITICORP DRIVE
HAGERSTOWN, MD 21740

Current Mailing Address:

PO BOX 30509
TAX & REPORTING
TAMPA, FL 33631

New Mailing Address:

FEI Number: 94-2571325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: HALFPAP, FREDERICK
Address: 4000 REGENT BLVD
City-St-Zip: IRVING, TX 75063

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

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

Title: VP/T
Name: INCE, PAUL R
Address: 1000 TECHNOLOGY DRIVE
City-St-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

03/23/2012

Electronic Signature of Signing Officer or Director

Date