



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000941820

2. Name of Corporation FNC Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 14700 CITICORP DRIVE

City or Town: HAGERSTOWN

State: MD

Zip: 21740

Country: USA

4. Business Phone No.

8136048115

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRY W HESS	6400 LAS COLINAS BLVD IRVING, TX 75039 USA
TREASURER	ROBIN NEIL LOWE	1000 TECHNOLOGY DRIVE OFALLON, MO 63368 USA
SECRETARY	JEFFERY L BOYHER	1000 TECHNOLOGY DRIVE OFALLON, MO 63368 USA
VICE PRESIDENT	LISA A HOFFMAN	3800 CITIGROUP CENTER DRIVE TAMPA, FL 33610 USA
VICE PRESIDENT	JEFFERY L BOYHER	1000 TECHNOLOGY DRIVE

DIRECTOR	BARRY W HESS	OFALLON, MO 63368 USA 6400 LAS COLINAS BLVD IRVING, TX 75039 USA
DIRECTOR	JOAN NUAMANN	1000 TECHNOLOGY DRIVE OFALLON, MO 63368 USA
DIRECTOR	DAVID WENDEL	1000 TECHNOLOGY DRIVE OFALLON, MO 63368 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	10,000.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 19 Day of February, 2015 at 9:41:39 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LISA A. HOFFMAN  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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