

1.) CORPORATION NAME:

FNC INSURANCE AGENCY, INC.

DUE DATE: **3/31/2011**

SCC ID NO: **F1374372**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 TECHNOLOGY DR

CITY/ST/ZIP: O'FALLON, MO 63368-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FREDERICK J HALFPAP
TITLE: PRESIDENT
ADDRESS: 4050 REGENT BLVD
CITY/ST/ZIP/CO: IRVING, TX 75063-

OFFICER

DIRECTOR

NAME: JEFFERY L BOYHER
TITLE: SECRETARY
ADDRESS: 1000 TECHNOLOGY DR
CITY/ST/ZIP/CO: O'FALLON, MO 63368-

OFFICER

DIRECTOR

NAME: PAUL INCE
TITLE: VP/T/CFO
ADDRESS: 1000 TECHNOLOGY DRIVE
CITY/ST/ZIP/CO: O'FALLON, MO 63368-

OFFICER

DIRECTOR

NAME: LISA A HOFFMAN
TITLE: VICE PRESIDENT
ADDRESS: 3800 CITIGROUP CENTER DRIVE
CITY/ST/ZIP/CO: TAMPA, FL 33610-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LISA A HOFFMAN

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

LISA A HOFFMAN, VICE
PRESIDENT

PRINTED NAME AND CORPORATE
TITLE

2/1/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.