

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002864

FILED
Jan 04, 2011
Secretary of State

Entity Name: BXS INSURANCE SERVICES, INC.

Current Principal Place of Business:

2909 13TH ST., 4TH FLOOR
GULFPORT, MS 39501

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 789
TUPELO, MS 38802

New Mailing Address:

FEI Number: 72-1381997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C
Name: THREADGILL, JAMES
Address: 201 SOUTH SPRING ST.
City-St-Zip: TUPELO, MS 38804

Title: PD
Name: MCKNIGHT, MARKHAM
Address: 4041 ESSEN LANE, SUITE 400
City-St-Zip: BATON ROUGE, LA 70809

Title: D
Name: ROBERTSON, CATHY M
Address: 201 SOUTH SPRING STREET
City-St-Zip: TUPELO, MS 38802

Title: VP
Name: SNEED, JOHN
Address: 2909 13TH ST., 4TH FLOOR
City-St-Zip: GULFPORT, MS 39501

Title: D
Name: NAUGLE, SCOTT
Address: 2909 13TH STREET, SUITE 400
City-St-Zip: GULFPORT, MS 39501

Title: S
Name: FREEMAN, CATHY S
Address: 201 SOUTH SPRING ST.
City-St-Zip: TUPELO, MS 38804

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: CATHY S. FREEMAN

SEC

01/04/2011

Electronic Signature of Signing Officer or Director

Date