

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003836 (2)**

1. Corporation Name
COMPASS BANCSHARES INSURANCE, INC.



Principal Place of Business
**15 S 20TH ST
BIRMINGHAM AL 35233**

Mailing Address
**15 S 20TH ST
BIRMINGHAM AL 35233**

3. Date Incorporated or Qualified
08/09/1995

3a. Date of Last Report

4. FEI Number
63-0082618

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

**P. O. BOX 10566
ACCOUNTING DIVISION
BIRMINGHAM, AL
35296 U.S.**

9. Name and Address of Current Registered Agent

**SIMPSON, ARTHUR
76 S LAURA ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
William Len Broome

82 Street Address (P.O. Box Number is Not Acceptable)
76 S. Laura Street

83

84 City
Jacksonville

85 Zip Code
FL 32201

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William Len Broome*

5-29-94

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	JONES, D. PAUL JR	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	POWELL, JERRY W	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEGEL, GARRETT R	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOODSON, JERRY	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WARREN, LINDA	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRAVES, DANIEL B	
STREET ADDRESS	15 S 20TH ST	
CITY - ST - ZIP	BIRMINGHAM AL 35233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda Warren

5/22/96 (205) 558-6901

CR2E034 (12/95)