


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003836 (2)
 1. Corporation Name
COMPASS BANCSHARES INSURANCE, INC.



Principal Place of Business 15 S 20TH ST BIRMINGHAM AL 35233 US	Mailing Address P O BOX 10566 ACCOUNTING DIVISION BIRMINGHAM AL 35296 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24	30

3. Date Incorporated or Qualified 08/09/1995	
4. FEI Number 63-0082618	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROOME, WILLIAM L
 76 S. LAURA STREET
 JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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	BEAN, MICHAEL A	
STREET ADDRESS	15 SOUTH 20TH ST.	
CITY-ST-ZIP	BIRMINGHAM AL	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael A. Bean* MICHAEL A. BEAN 4/30/98 (205) 558-5724

CR2E034 (10/97)