

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003406

**Entity Name:** BBVA COMPASS INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

15 SOUTH 20TH STREET  
BIRMINGHAM, AL 35233

**FILED**  
**Apr 17, 2019**  
**Secretary of State**  
**4032785561CC**

**Current Mailing Address:**

P.O. BOX 10566  
MAILCODE: AL BI CH TXA  
BIRMINGHAM, AL 35296 US

**FEI Number: 74-1751055**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CEO, DIRECTOR  
Name HAGEMANN, BRUCE  
Address 8080 NORTH CENTRAL EXPRESSWAY  
City-State-Zip: DALLAS TX 75206

Title TREASURER  
Name PRESSLEY, KIRK P  
Address 15 SOUTH 20TH STREET  
City-State-Zip: BIRMINGHAM AL 35233

Title DIRECTOR  
Name TALPAS, JEFF  
Address 2200 POST OAK BLVD  
City-State-Zip: HOUSTON TX 77056

Title SECRETARY  
Name HERRICK, BRIAN  
Address 2200 POST OAK BLVD  
City-State-Zip: HOUSTON TX 77056

Title PRESIDENT, DIRECTOR  
Name MCMURRAY, LORIN  
Address 5800 N MOPAC EXPRESSWAY  
City-State-Zip: AUSTIN TX 78731

*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: KIRK PRESSLEY**

**TREASURER**

**04/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date