

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**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	DIRECTOR
Name	TALPAS, JEFF
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

Title	TREASURER
Name	PRESSLEY, KIRK P
Address	15 SOUTH 20TH STREET
City-State-Zip:	BIRMINGHAM AL 35233
Title	SECRETARY
Name	HERRICK, BRIAN
Address	2200 POST OAK BLVD
City-State-Zip:	HOUSTON TX 77056

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