

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000002864

**FILED**  
**May 05, 2015**  
**Secretary of State**  
**CC2964991352**

**Entity Name:** BXS INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

P. O. BOX 789  
TUPELO, MS 38802

**FEI Number:** 72-1381997

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 C  
Name THREADGILL, JAMES  
Address 201 SOUTH SPRING ST.  
City-State-Zip: TUPELO MS 38804

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

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

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

Title S  
Name FREEMAN, CATHY S  
Address 201 SOUTH SPRING ST.  
City-State-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

**SECRETARY**

**05/05/2015**

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

\_\_\_\_\_  
Date