

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002864

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 D
Name ROBERTSON, CATHY M
Address 201 SOUTH SPRING STREET
City-State-Zip: TUPELO MS 38802

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

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date