

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002864

Entity Name: BXS INSURANCE, INC.

Current Principal Place of Business:

4041 ESSEN LN STE 400
BATON ROUGE, LA 70821

Current Mailing Address:

201 SOUTH SPRING STREET
TUPELO, MS 38804 US

FEI Number: 72-1381997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 DIRECTOR, PRESIDENT & CHIEF EXECUTIVE OFFICER
Name MCKNIGHT, MARKHAM
Address 4041 ESSEN LANE SUITE 400
City-State-Zip: BATON ROUGE LA 70821

Title CHIEF OPERATING OFFICER & DIRECTOR
Name NAUGLE, SCOTT
Address 2909 13TH STREET
City-State-Zip: GULFPORT MS 39501

Title SECRETARY
Name FREEMAN, CATHY S
Address 201 SOUTH SPRING STREET
City-State-Zip: TUPELO MS 38804

Title CHAIRMAN & DIRECTOR
Name BAGLEY, CHRIS
Address 201 SOUTH SPRING STREET
City-State-Zip: TUPELO MS 38804

Title DIRECTOR
Name MEYER, MIKE
Address 201 SOUTH SPRING STREET
City-State-Zip: TUPELO MS 38804

Title CFO
Name CHOPPIN, BEVERLY
Address 4041 ESSEN LANE SUITE 400
City-State-Zip: BATON ROUGE LA 70821

Title TREASURER
Name MCNINCH, JEANNIE
Address 201 SOUTH SPRING STREET
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

02/13/2020

Electronic Signature of Signing Officer/Director Detail

Date