

2017 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 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 CHAIRMAN & DIRECTOR
Name BAGLEY, CHRIS
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 EXECUTIVE VICE PRESIDENT
Name SNEED, JOHN
Address 2909 13TH STREET
City-State-Zip: GULFPORT MS 39501

Title SECRETARY & CHIEF ADMINISTRATION OFFICER
Name FREEMAN, CATHY S
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

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 & CHIEF
ADMINISTRATION
OFFICER**

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date