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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003836 (2)

1. Corporation Name

COMPASS BANCSHARES INSURANCE, INC.

Principal Place of Business

15 S 20TH ST
BIRMINGHAM AL 35233
US

Mailing Address

P O BOX 10566
ACCOUNTING DIVISION
BIRMINGHAM AL 35296
US

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

06/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

63-0082618

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BROOME, WILLIAM L
76 S. LAURA STREET
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC ☐ DELETE

NAME JONES, D. PAUL JR
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

TITLE DVS ☐ DELETE

NAME POWELL, JERRY W
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

TITLE D ☐ DELETE

NAME HEGEL, GARRETT R
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

TITLE V ☒ DELETE

NAME GOODSON, JERRY
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

TITLE S ☐ DELETE

NAME WARREN, LINDA
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

TITLE S ☐ DELETE

NAME GRAVES, DANIEL B
STREET ADDRESS 15 S 20TH ST
CITY-ST-ZIP BIRMINGHAM AL 35233

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Michael A. Bean
15 South 20th Street
Birmingham, AL 35233

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Michael A. Bean 4/24/97 205-558-5721

CR2E034 (9/96)