


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/09/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 63-0082618
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, D. PAUL JR	1.2 NAME	
STREET ADDRESS	15 S 20TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JERRY W	2.2 NAME	
STREET ADDRESS	15 S 20TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEL, GARRETT R	3.2 NAME	
STREET ADDRESS	15 S 20TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, MICHAEL A	4.2 NAME	
STREET ADDRESS	15 SOUTH 20TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, LINDA	5.2 NAME	
STREET ADDRESS	15 S 20TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, DANIEL B	6.2 NAME	
STREET ADDRESS	15 S 20TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35233	6.4 CITY-ST-ZIP	

14. I 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*

MICHAEL A. BEAN 4/30/98 (205) 558-5724

CR2E034 (10/97)