

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90100 026 ***150.00

DOCUMENT # F95000003836

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

3. Date incorporated or Qualified

08/09/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	JONES, D. PAUL JR	15 S 20TH ST	BIRMINGHAM AL 35233	<input type="checkbox"/>
DVS	POWELL, JERRY W	15 S 20TH ST	BIRMINGHAM AL 35233	<input type="checkbox"/>
D	HEGEL, GARRETT R	15 S 20TH ST	BIRMINGHAM AL 35233	<input type="checkbox"/>
V	BEAN, MICHAEL A	15 SOUTH 20TH ST.	BIRMINGHAM AL	<input checked="" type="checkbox"/>
S	WARREN, LINDA	15 S 20TH ST	BIRMINGHAM AL 35233	<input type="checkbox"/>
S	GRAVES, DANIEL B	15 S 20TH ST	BIRMINGHAM AL 35233	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
CAO	JOURNEY, TIMOTHY	701 S. 32ND ST	BIRMINGHAM, AL																				

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Journey 4/28/99

205-558-5724

Date

Daytime Phone #

CR2E034 (11/98)