


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90101 007 ***150.00

DOCUMENT # F02000005255 1. Entity Name AMERICAS INSURANCE COMPANY	
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Principal Place of Business 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130	Mailing Address 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1010460	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVTD VICKNAIR, MICHAEL A 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, JONATHAN J 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBROW, ANTHONY 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANE, STEPHEN DELETE 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICNAIR, MICHAEL A 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADDEN, MARY LYNN 40 POYDRAS STREET, SUITE 1990 NEW ORLEANS, LA 70130

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Lynn Madden 4/11/08 504-528-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #