

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005255

FILED
Mar 14, 2011
Secretary of State

Entity Name: AMERICAS INSURANCE COMPANY

Current Principal Place of Business:

400 POYDRAS ST.
SUITE 2000
NEW ORLEANS, LA 70130

New Principal Place of Business:

Current Mailing Address:

400 POYDRAS ST.
SUITE 2000
NEW ORLEANS, LA 70130

New Mailing Address:

FEI Number: 59-1010460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: PATE, R. RAY JR.
Address: 400 POYDRAS ST., STE. 2000
City-St-Zip: NEW ORLEANS, LA 70130

Title: COO
Name: MISSETT, ANNE K
Address: 400 POYDRAS ST., STE. 2000
City-St-Zip: NEW ORLEANS, LA 70130

Title: D
Name: MOCATTA, STEPHANIE
Address: 400 POYDRAS ST., STE. 2000
City-St-Zip: NEW ORLEANS, LA 70130

Title: D
Name: GORMAN, JOHN
Address: 400 POYDRAS ST., STE. 2000
City-St-Zip: NEW ORLEANS, LA 70130

Title: S
Name: MADDEN, MARY LYNN
Address: 40 POYDRAS STREET, SUITE 2000
City-St-Zip: NEW ORLEANS, LA 70130

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: MARY LYNN MADDEN

SECR

03/14/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date