


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

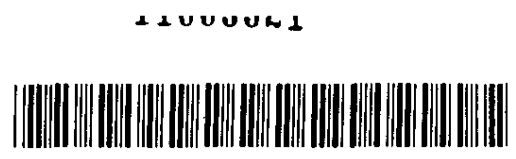
04-21-2003 90514 030 ***150.00

DOCUMENT # F02000005255	
1. Entity Name AMERICAS INSURANCE COMPANY	

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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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL TALLAHASSEE FL 32399		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOBROW, ANTHONY GORDON P ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD WHATTON, RICHARD PAUL ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCATTA, STEPHANIE C. ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCIS, JONATHAN JAMES 400 POYDRAS ST., STE. 1990 NEW ORLEANS LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICNAIR, MICHAEL A 400 POYDRAS ST., STE. 1990 NEW ORLEANS LA 70130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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* MARY LYNN MADDEN, SECRETARY 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 504-328-9555

CR2E034 (10/02)