

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005255

Entity Name: AMERICAS INSURANCE COMPANY

Current Principal Place of Business:

400 POYDRAS STREET
STE 1150
NEW ORLEANS, LA 70130

Current Mailing Address:

400 POYDRAS STREET
STE 1150
NEW ORLEANS, LA 70130 US

FEI Number: 59-1010460

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SENIOR VICE PRESIDENT, OPERATIONS
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

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: LAURA A WILSON

04/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR
Name PATE, R. RAY JR.
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title VP, COO, SECRETARY
Name MISSETT, ANNE K
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR
Name GORMAN, JOHN
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR
Name MCNAMARA, J. PAUL
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title DIRECTOR
Name BLONDEAU, ALEXANDER
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title CHIEF ACTUARY
Name MOWRY, ETHAN
Address 3033 S. CHURCH STREET
City-State-Zip: BURLINGTON NC 27215

Title DIRECTOR
Name DUFFY, JOHN
Address 400 POYDRAS STREET
 STE 1150
City-State-Zip: NEW ORLEANS LA 70130

Title COMPLIANCE OFFICER
Name WILSON, LAURA ASHLEY
Address 400 POYDRAS STREET
 STE 1150
City-State-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: LAURA ASHLEY WILSON

COMPLIANCE OFFICER

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date