

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005255

**Entity Name:** AMERICAS INSURANCE COMPANY

**Current Principal Place of Business:**

400 POYDRAS ST.  
SUITE 2000  
NEW ORLEANS, LA 70130

**Current Mailing Address:**

400 POYDRAS ST.  
SUITE 2000  
NEW ORLEANS, LA 70130

**FEI Number:** 59-1010460

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            PATE, R. RAY JR.  
Address        8133 LEESBURG PIKE  
                  SUITE 700  
City-State-Zip: VIENNA VA 22182

Title            VP, COO, SECRETARY  
Name            MISSETT, ANNE K  
Address        8133 LEESBURG PIKE  
                  SUITE 700  
City-State-Zip: VIENNA VA 22182

Title            CFO, VP  
Name            GEORGE, DANIEL E  
Address        8133 LEESBURG PIKE  
                  SUIE 700  
City-State-Zip: VIENNA VA 22182

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

Title            D  
Name            MCNAMARA, J. PAUL  
Address        40 POYDRAS STREET, SUITE 2000  
City-State-Zip: NEW ORLEANS LA 70130

Title            D  
Name            BLONDEAU, ALEXANDER  
Address        400 POYDRAS ST., SUITE 2000  
City-State-Zip: NEW ORLEANS LA 70130

Title            VP  
Name            HILL, SAMANTHA F  
Address        400 POYDRAS ST.  
                  SUITE 2000  
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:** SAMANTHA F. HILL

**SR VP & CONTROLLER**

**04/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date