

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506021

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INSURANCE COMPANY OF THE AMERICAS

**Current Principal Place of Business:**

1310 UTICA STREET  
ORISKANY, NY 134245425 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 855  
ORISKANY, NY 134240855 US

**New Mailing Address:**

FEI Number: 59-1680233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERNAN, JAMES M  
Address: 1310 UTICA STREET  
City-St-Zip: ORISKANY, NY 13424

Title: VPD ( ) Delete  
Name: DAVIS, FREDERICK K  
Address: 1310 UTICA STREET  
City-St-Zip: ORISKANY, NY 13424

Title: SD ( ) Delete  
Name: MARTIN, SHARON Z  
Address: 113 CIDER STREET  
City-St-Zip: ORISKANY, NY 13424

Title: TD ( ) Delete  
Name: BUHL, GARY R  
Address: 932 BROOKER HOLLOW RD.  
City-St-Zip: RICHMONDVILLE, NY 12149

Title: D ( ) Delete  
Name: DESAI, BIPINKUMAR B  
Address: 1310 UTICA STREET  
City-St-Zip: ORISKANY, NY 13424

Title: D ( ) Delete  
Name: CARUSO, ERNEST R  
Address: 4 TALMADGE COURT  
City-St-Zip: NEW HARTFORD, NY 13413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: DAVIS, FREDRICK K  
Address: 1310 UTICA STREET  
City-St-Zip: ORISKANY, NY 13424

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M. KERNAN

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date