## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 506021**

Entity Name: INSURANCE COMPANY OF THE AMERICAS

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	A STREET /, NY 1342454	25 US			
Current Mailing Address:			New Maili	New Mailing Address:	
PO BOX 855 ORISKANY, NY 134240855 US					
FEI Number: 59-1680233 FEI Number Applied For ( ) FEI Nu			mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
P O BOX 6 200 E. GAI	ANCIAL OFFIC 200 (32314-62 NES ST SSEE, FL 3239	00)			
The above in the State		ubmits this statement for the purpose	of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () KERNAN, JAME 1310 UTICA STE ORISKANY, NY	REET	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition LYNCH, PATRICK J SR. 1310 UTICA STREET ORISKANY, NY 13424	
Title: Name: Address: City-St-Zip:	VPD () DAVIS, FREDRI 1310 UTICA STF ORISKANY, NY	REET	Title: Name: Address: City-St-Zip:	VPD (X) Change ( ) Addition DESAI, BIPINKUMAR B 1310 UTICA STREET ORISKANY, NY 13424	
Title: Name: Address: City-St-Zip:	SD () MARTIN, SHARO 113 CIDER STF ORISKANY, NY	REET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition FLETCHER, JESSICA J 1310 UTICA STREET ORISKANY, NY 13424	
Title: Name: Address: City-St-Zip:	TD () BUHL, GARY R 932 BROOKER RICHMONDVILL		Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition RIOS, RICARDO JR 1310 UTICA STREET ORISKANY, NY 13424	
Title: Name: Address: City-St-Zip:	D () DESAI, BIPINKU 1310 UTICA STE ORISKANY, NY	REET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CARUSO, ERNE 4 TALMADGE C NEW HARTFOR	OURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RICARDO RIOS, JR. T 04/30/2008