

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

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**



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICKNAIR, MICHAEL A 400 POYDRAS STREET, SUITE 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD WHATTON, RICHARD PAUL ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOCATTA, STEPHANIE C ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCIS, JONATHAN JAMES 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VICNAIR, MICHAEL A 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADDEN, MARY LYNN 40 POYDRAS STREET, SUITE 1990 NEW ORLEANS, LA 70130

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07/17/06-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

7/13/06 504-528-9555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #