


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90086 039 ***150.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1010460	
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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICKNAIR, MICHAEL A <input type="checkbox"/> Delete 400 POYDRAS STREET, SUITE 1990 NEW ORLEANS, LA 70130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst VP/Treas/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael A. Vicknair 400 Poydras St., Suite 1990 New Orleans, LA 70130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVCD <input checked="" type="checkbox"/> Delete WHATTON, RICHARD PAUL ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jonathan J. Francis 400 Poydras St., Suite 1990 New Orleans, LA 70130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MOCATTA, STEPHANIE C ARTHUR CASTLE HOUSE, 33 CREECHURCH LANE LONDON ENGLAND EC3A 5EB,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anthony G. Hobrow 400 Poydras St., Suite 1990 New Orleans, LA 70130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete FRANCIS, JONATHAN JAMES 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen Cane 400 Poydras St., Suite 1990 New Orleans, LA 70130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete VICNAIR, MICHAEL A 400 POYDRAS ST., STE. 1990 NEW ORLEANS, LA 70130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty/Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Lynn Madden 400 Poydras St., Suite 1990 New Orleans, LA 70130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MADDEN, MARY LYNN 40 POYDRAS STREET, SUITE 1990 NEW ORLEANS, LA 70130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary Lynn Madden</u> MARY LYNN MADDEN			Date: <u>7/9/07</u> 504-528-9555		