



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lighthouse Property Insurance Corporation  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wes Strickland

Name of Person

Colodny Fass P.L.L.C

Firm/Company

119 East Park Avenue

Address

Tallahassee, FL 32301

City/State and Zip code

Scot Moore: smoore@lhmgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wes Strickland

at (850) 577-0398

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Lighthouse Property Insurance Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Louisiana 3. 26-3013152
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/23/2008 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3867 Plaza Tower Drive, Baton Rouge, LA 70816
(Principal office street address)
5547 S Orange Ave., Orlando, FL 32809
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer - State of Florida
Office Address: Department of Financial Services
200 E. Gaines Street, Tallahassee, Florida 32399
(City) (Zip code)

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9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Patrick White  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Devin Crowl  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

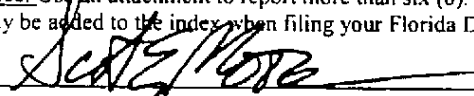
Chairman Name: Scot Moore  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: James Hughes Jr.  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Eric Gobble  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other Chief Risk Off.  Other \_\_\_\_\_

Chairman Name: Kent Weisner  
 Vice Chairman Address: 3867 Plaza Tower Drive  
 Director Baton Rouge, LA 70816  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Scot E. Moore, Chief Financial Officer  
 (Typed or printed name and capacity of person signing application)



*James J. Donelon*

COMMISSIONER OF INSURANCE

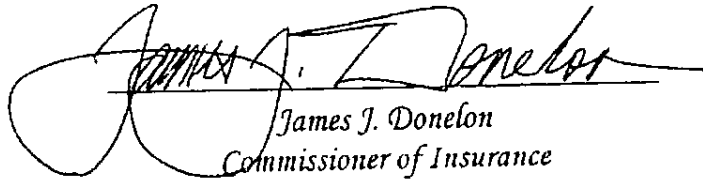
I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO HEREBY CERTIFY THAT

*Lighthouse Property Insurance Corporation*

NAIC Number 13207

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Burglary and forgery, Fire and allied lines, Homeowners, Liability, Marine and transportation, Miscellaneous, and Steam Boiler and Sprinkler Leakage in this State. I further certify that the said Lighthouse Property Insurance Corporation is possessed of admitted assets in the amount of 128,879,462 dollars, and has a paid-in capital of 20,500,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 12,182,540 dollars, as shown by its annual statement submitted to this Department as of December 31, 2018.

Given Under my signature, authenticated with the impress of my Seal of office, at the City of Baton Rouge, this 13th day of February A.D. 2020.

  
James J. Donelon  
Commissioner of Insurance

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