

F18000000317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

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(Business Entity Name)

(Document Number)

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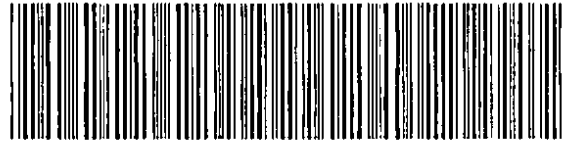
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

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18 JAN 22 AM 10:05  
TALLAHASSEE, FLORIDA

RECEIVED  
18 JAN 19 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2018

AMY SCHRADER, ESQ  
101 N MONROE ST, STE 925  
TALLAHASSEE, FL 32301

7

SUBJECT: LCTA CASUALTY INSURANCE COMPANY  
Ref. Number: W18000006296

We have received your document for LCTA CASUALTY INSURANCE COMPANY and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 118A00001300

RECEIVED  
DEPARTMENT OF STATE  
18 JAN 22 AM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
LCTA Casualty Insurance Company

**SUBJECT:** \_\_\_\_\_  
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:  
Amy Schrader, Esq.

\_\_\_\_\_  
Name of Person  
Baker Donelson  
\_\_\_\_\_  
Firm/Company  
101 N. Monroe St., Suite 925  
\_\_\_\_\_  
Address  
Tallahassee, FL 32301  
\_\_\_\_\_  
City/State and Zip code  
mcampesi@lcta.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Schrader                      850                      425-7510  
\_\_\_\_\_  
Name of Person                      at (                      )                      \_\_\_\_\_  
Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☐ \$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

**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.*

LCTA Casualty Insurance Company

1. \_\_\_\_\_  
(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)  
Louisiana 81-0797825

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

January 1, 2016 n/a

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

n/a

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
9181 Interline Avenue, Suite 300, Baton Rouge, LA 70809

7. \_\_\_\_\_  
(Principal office address)

n/a

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System

1200 South Pine Island Road

Office Address:

Plantation

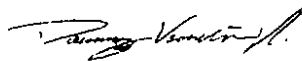
33324

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

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.*

C T Corporation System



\_\_\_\_\_  
(Registered agent's signature) - Danny Verdecchia - Asst. Secretary

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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Chairman, Director: Melissa Campesi

9181 Interline Avenue, Baton Rouge, LA 70809

Address: \_\_\_\_\_

Director: Patrick Campesi

52410 Clark Road, White Castle, LA 70788

Address: \_\_\_\_\_

B. OFFICERS

Melissa Campesi

President: \_\_\_\_\_

9181 Interline Avenue, Baton Rouge, LA 70809

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Troy Prevot

Secretary: \_\_\_\_\_

9181 Interline Avenue, Baton Rouge, LA 70809

Address: \_\_\_\_\_

Patrick Campesi

Treasurer: \_\_\_\_\_

52410 Clark Road, White Castle, LA 70788

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Melissa Campesi

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.

Melissa Campesi

13. President, Chairman of Board

(Typed or printed name and capacity of person signing application)

LCTA Casualty Insurance Company Addendum Listing Additional Directors

Director, John Weinstein, 194 N. Southlawn Drive, Lafayette, LA 70503

Director, John D'Angelo, 10500 Coursey Boulevard, 3rd Floor, Baton Rouge, LA 70816

Director, Geralyn Contini, 9181 Interline Avenue, Baton Rouge, LA 70809

FILED  
18 JAN 22 AM 10:10  
JAN 22 2018  
FBI - BATON ROUGE



**James J. Donelon**

COMMISSIONER OF INSURANCE

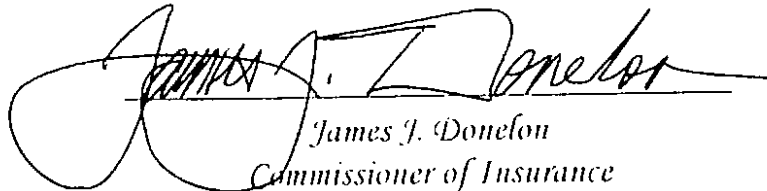
I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA, DO HEREBY CERTIFY THAT

*LCTA Casualty Insurance Company*

*NAIC Number 15778*

*Of Louisiana is duly organized under the laws of said State and is authorized to transact business of and Workers' Compensation in this State. I further certify that the said LCTA Casualty Insurance Company is possessed of admitted assets in the amount of 73,278,436 dollars, and has a paid-in capital of 0 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 34,013,201 dollars, as shown by its annual statement submitted to this Department as of December 31, 2016.*

*Given Under my signature, authenticated with the impress  
of my Seal of office, at the City of Baton Rouge, this  
21st day of December A.D. 2017.*

  
James J. Donelon  
Commissioner of Insurance