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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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*Please use  
original  
Submission  
Date*

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

19 NOV 7 AM 12:10  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
LASSO HEALTHCARE INSURANCE COMPANY**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 1       |
| Page Count            | 07      |
| Estimated Charge      | \$87.50 |

**\*\*\*Our client spoke to your office and was advised that since this is an insurance company, they can use the FL Dept of Financial Regulation's address as the registered agent and not signature is required\*\*\*\*\***

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lasso Healthcare Insurance Company

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:

Carolyn A. Rupprath

Name of Person

Winstead PC

Firm/Company

401 Congress Avenue, Suite 2100

Address

Austin, TX 78701

City/State and Zip code

ray.schroeder@lassohealthcare.com

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

For further information concerning this matter, please call:

Carolyn A. Rupprath

512

370-2833

at ( )

Name of Person

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.

1. Lasso Healthcare Insurance Company  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Texas 3. 71-0408612  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 30, 1969 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 2605 Interstate Drive, Harrisburg, PA 17110  
(Principal office address)
- 2605 Interstate Drive, Harrisburg, PA 17110  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Chief Financial Officer
- Office Address: 200 E. Gaines Street
- Tallahassee, Florida 32399  
(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.*

\_\_\_\_\_  
(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. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See Exhibit A attached hereto and incorporated herein

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

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: See Exhibit A attached hereto and incorporated herein

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

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

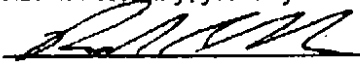
Address: \_\_\_\_\_

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

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

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

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

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.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. Raymond S. Schroeder, CFO and Treasurer

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

**EXHIBIT A  
TO  
APPLICATION BY FOREIGN CORPORATION  
FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA  
OF  
LASSO HEALTHCARE INSURANCE COMPANY**

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

**A. DIRECTORS**

Craig J. Ritter  
2605 Interstate Drive  
Harrisburg, PA 17110

James B. Handlan  
2605 Interstate Drive  
Harrisburg, PA 17110

David Scott Kowalski  
2605 Interstate Drive  
Harrisburg, PA 17110

David C. Dietz  
2605 Interstate Drive  
Harrisburg, PA 17110

Raymond S. Schroeder  
2605 Interstate Drive  
Harrisburg, PA 17110

**B. OFFICERS**

Craig J. Ritter – Chairman and CEO  
2605 Interstate Drive  
Harrisburg, PA 17110

James B. Handlan - President  
2605 Interstate Drive  
Harrisburg, PA 17110

David Scott Kowalski - Secretary  
2605 Interstate Drive  
Harrisburg, PA 17110

Raymond S. Schroeder – Treasurer and CFO  
2605 Interstate Drive  
Harrisburg, PA 17110

**FILED**  
**19 NOV 7 AM 12:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Applicant Company Name: Lasso Healthcare Insurance CompanyNAIC No. 76503FEIN 71-0408612**Uniform Certificate of Authority Application (UCAA)  
CERTIFICATE OF COMPLIANCE**State of Texas  
(Domiciliary State of Applicant Company)Office of Department of Insurance  
(Commissioner, Superintendent, Officer)I, Robert Rudnai, hereby certify that I am the Interim Manager of Company Licensing and Registration  
(Name) (Position)office \* of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

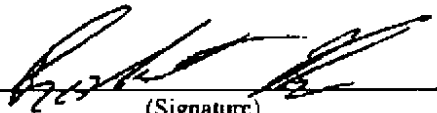
Lasso Healthcare Insurance Company  
(Name of Applicant Company)of DALLAS, Texas is duly organized under the laws of said state and  
(City/State)

is authorized to transact the business of

Health, and Life

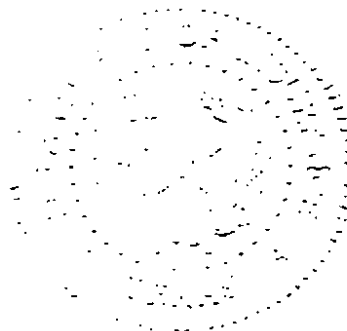
(Lines of Insurance)\*\*

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas  
(Location)on September 3, 2019  
(Signature)Robert Rudnai  
(Printed Name)

\* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

\*\* Lines of Insurance as shown on Form 3 of UCAA



Kim Tadlock 8004323622

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SECURITY DIVISION  
TALLAHASSEE, FLORIDA



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