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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

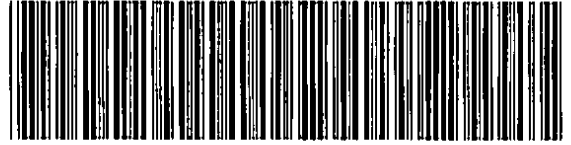
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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December 1, 2020

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

**RE: LUBA Casualty Insurance Company
Application by Foreign Corporation for Authorization to Transact Business in Florida**

To whom it may concern:

Please find attached the following items:

1. Signed Application by Foreign Corporation for Authorization to Transact Business in Florida.
2. Certified Articles of Incorporation
3. Copy of check in the amount \$87.50, (previously mailed to you with unsigned application.)

At your earliest convenience, please match up the above items with the check previously sent to you and process per your requirements.

Thank you in advance

A handwritten signature in black ink, appearing to read "Bryan D. Poirrier". The signature is written in a cursive style with a long, sweeping underline.

Bryan D. Poirrier
AVP/Sr. Business Analyst

attachments

RECEIVED
DEC 02 2020



lubawc.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUBA Casualty 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:

Steven Michael Werner, CFO

Name of Person

LUBA Casualty Insurance Company

Firm/Company

2351 Energy Dr., Ste. 2000

Address

Baton Rouge, LA 70808

City/State and Zip code

swerner@lubawc.com

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

For further information concerning this matter, please call:

Bryan Poirrier at (225) 389-5822

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

**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. LUBA Casualty Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

LUBA Workers' Comp

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

2. Louisiana 3. 20-3947910
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/7/2005 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. 4/1/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2351 Energy Dr., Ste. 2000 Baton Rouge, LA 70808
(Principal office street address)

P.O. Box 98082 Baton Rouge, LA 70898-9082
(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 EAST PARK AVENUE 2ND FL.

TALLAHASSEE, Florida 32301
(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.

 Delanie Case, asst. sec.
(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: Ford Charles Marionneau
 Vice Chairman Address: 2351 Energy Dr., Ste. 2000
 Director Baton Rouge, LA 70808
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: David John Bondy, Jr.
 Vice Chairman Address: 2351 Energy Dr. Ste. 2000
 Director Baton Rouge, LA 70808
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Stephen Christian Moore
 Vice Chairman Address: 2351 Energy Dr., Ste. 2000
 Director Baton Rouge, LA 70808
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Steven Michael Werner
 Vice Chairman Address: 2351 Energy Dr., Ste. 2000
 Director Baton Rouge, LA 70808
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Steve Michael Boudreaux
 Vice Chairman Address: 2351 Energy Dr., Ste. 2000
 Director Baton Rouge, LA 70808
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 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. Steven M. Werner
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. Steven M. Werner, Secretary
(Typed or printed name and capacity of person signing application)



JAMES J. DONELON

COMMISSIONER OF INSURANCE

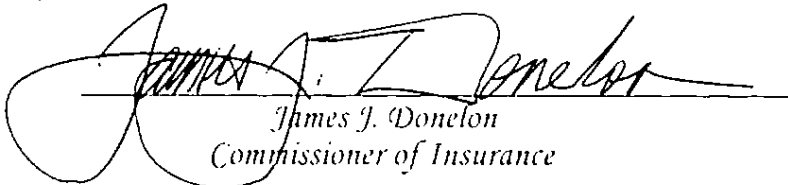
I, the undersigned COMMISSIONER OF INSURANCE of the State Of Louisiana, do hereby certify that

The attached is a true and correct copy of the Articles of Incorporation and the Amendments for LUBA Casualty Insurance Company of Baton Rouge, Louisiana on file in my office.

Given Under my signature, authenticated with the impress of my

Seal of office, at the City of Baton Rouge, this, 16th

day of November A.D. 2020


James J. Donelon
Commissioner of Insurance