

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005415

**Entity Name:** LUBA CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

2351 ENERGY DR STE 2000  
BATON ROUGE, LA 70808

**Current Mailing Address:**

P.O. BOX 98082  
BATON ROUGE, LA 70898-9082 US

**FEI Number: 20-3947910**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVE 2 FL  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARIONNEAUX, FORD CHARLES  
Address 2351 ENERGY DR STE 2000  
City-State-Zip: BATON ROUGE LA 70808

Title D  
Name CHRISTIAN MOORE, STEPHEN  
Address 2351 ENERGY DR STE 2000  
City-State-Zip: BATON ROUGE LA 70808

Title D  
Name BOUDREAUX, STEVE MICHAEL  
Address 2351 ENERGY DR STE 2000  
City-State-Zip: BATON ROUGE LA 70808

Title CEO  
Name BONDY, DAVID JOHN JR  
Address 2351 ENERGY DR STE 2000  
City-State-Zip: BATON ROUGE LA 70808

Title S  
Name WERNER, STEVEN MICHAEL  
Address 2351 ENERGY DR STE 2000  
City-State-Zip: BATON ROUGE LA 70808

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID JOHN BONDY**

**DIRECTOR OF  
COMPLIANCE**

**04/19/2021**

Electronic Signature of Signing Officer/Director Detail

Date