

2024 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, JR

**CHIEF EXECUTIVE
OFFICER**

03/18/2024

Electronic Signature of Signing Officer/Director Detail

Date