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T. LEMIEUX
JAN 30 2025

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1/22/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUBA Indemnity 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:

Lynette Falcon

Name of Person

LUBA Indemnity Insurance Company

Firm/Company

2351 Energy Drive, Suite 2000

Address

Baton Rouge, LA 70808

City/State and Zip code

luba_compliance@lubawc.com

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

For further information concerning this matter, please call:

Lynette Falcon	at (225)	389-5822, ext. 4224
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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2024

LYNETTE FALCON
2351 ENERGY DR STE 2000
BATON ROUGE, LA 70808

SUBJECT: LUBA INDEMNITY INSURANCE COMPANY
Ref. Number: W24000161225

We have received your document for LUBA INDEMNITY INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 624A00026636

RECEIVED

JAN 10 2025

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 Indemnity 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. 36-4834117
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/1/2016 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. none
(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 Drive, Suite 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: Chief Financial Officer

Office Address: Department of Financial Services, 200 E. Gaines

Tallahassee, Florida 32399
(City) (Zip code)

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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. 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 Marionneaux
 Vice Chairman Address: 2351 Energy Drive
 Director Suite, 2000
 President Baton Rouge, LA 70808
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

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

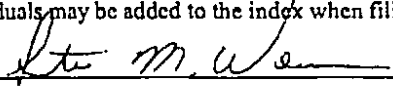
Chairman Name: Steven Michael Werner
 Vice Chairman Address: 2351 Energy Drive
 Director Sulte 2000
 President Baton Rouge, LA 70808
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

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

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



Timothy J. Temple

COMMISSIONER OF INSURANCE

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

L'UBA Indemnity Insurance Company

NAIC Number 16001

Of Louisiana is duly organized under the laws of said State and is authorized to transact business of Workers' Compensation in this State. I further certify that the said L'UBA Indemnity Insurance Company is possessed of admitted assets in the amount of 7,011,823 dollars, and has a paid-in capital of 2,500,000 dollars, and is possessed of a surplus of admitted assets over all liabilities, reserves and capital of at least 3,967,436 dollars, as shown by its annual statement submitted to this Department as of December 31, 2023.

Given Under my signature, authenticated with the impress of my Seal of office, at the City of Baton Rouge, this

14th day of October A.D. 2024.

Timothy J. Temple
Commissioner of Insurance