## F19000003596

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	•
SUBJ Name	ECT: Bearing Midwest Casualty Company of Corporation	
DOC	UMENT NUMBER: F19000003596	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Stacee	Showafter	
Name	of Contact Person	
Bearin	g Midwest Casualty Company	
Firm/C	Company	
1100 \	Valnut St. Suite 3010	
Addre	SS	
Kansa	s City, MO 64106	
City/S	tate and Zip Code	
	sshowalter@mwbc.com	
E-mai	l address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
Stacee	Showalter	21 (816 \ 701-7011
	Name of Contact Person	at ( 816 ) 701-7011  Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	F.O. DOX 0327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## FILTO

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flori <mark>da Sta</mark> inge is submitted for a corporation organized under the laws of the State of <u>Kai</u> or to change its registered office or registered agent, or both, in the State of Flor	nsas
1. The name of t	the corporation: Bearing Midwest Casualty Company	
2. The principal	office address: 2900 SW Wanamaker Dr, Suite 204, Topeka, KS 66614	
3. The mailing a	eddress (if different): 1100 Walnut St. Suite 3010, Kansas City, MO 64106	
	poration/qualification: 08/05/2019 Document number: F190000035	596
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the
	Corporation Service Company	
	1201 Hays Street	
	Tallahassee, FL 32301-2525	2022 JUL TÄÜL ÄHÄS
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Michael Beane, c/o Moore, Ingram. Johnson & Steele, LLP  10201 Centurion Parkway Ste 401  P.O Box NOT acceptable		
	Michael Beane, c/o Moore, Ingram, Johnson & Steele, LLP	22 - SEEE
	10201 Centurion Parkway Ste 401	
	P.O Box NOT acceptable  Jacksonville, FŁ 32256	AM II: 4/ JF STATE FLORIDA
The street addre	ess of its registered office and the street address of the business office of its r	registered agent.
	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	
Xu (	Shannon Burns, CFO/Treasurer	
-	tre of an officer or director Printed or typed name and title	
l further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address. I hereby so been notified in writing of this change.	ete performance igent. Or, if this confirm that the
/S/Michael R	R. Beane 7/13/2022	
Sig	gnature of Registered Agent Date	
If signing on be	chalf of an entity:	
Michael R. Bean	ne	
-17	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)