

# F190000003597

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

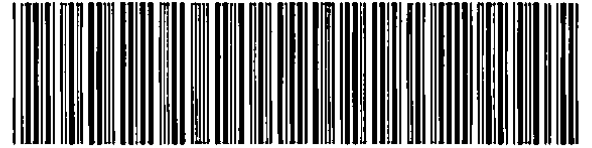
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

\_\_\_\_\_  
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2019 AUG -5 PM 4:36

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AUG 06 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2019

STACEE SHOWALTER  
1100 WALNUT ST., STE 3010  
KANSAS CITY, MO 64106

SUBJECT: MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY  
Ref. Number: W19000060219

We have received your document for MIDWEST BUILDERS' CASUALTY MUTUAL 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 819A00013020

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JUL 15 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2019

STACEE SHOWALTER  
1100 WALNUT ST., STE 3010  
KANSAS CITY, MO 64106

SUBJECT: MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY  
Ref. Number: W19000060219

We have received your document for MIDWEST BUILDERS' CASUALTY MUTUAL 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):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 019A00014392

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Midwest Builders' Casualty Mutual 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:

Stacey Showalter  
Name of Person

Midwest Builders' Casualty Mutual Company  
Firm/Company

1100 Walnut St. Suite 3010  
Address

Kansas City, MO 64106  
City/State and Zip code

sshowalter@mwbc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Showalter at ( 816 ) 474-7799  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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

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**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. Midwest Builders' Casualty Mutual Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Kansas

(State or country under the law of which it is incorporated)

3. 26-1832622

(FEI number, if applicable)

4. 1/8/2009

(Date of incorporation)

5. n/a

(Date of duration, if other than perpetual)

6. n/a

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

7. 2900 SW Wanamaker Dr. Suite 204, Topeka, KS 66614

(Principal office address)

1100 Walnut St. Suite 3010, Kansas City, MO 64106

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

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.*

Megan L. Bretz Megan L. Bretz Assistant Secretary

(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.

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FILED

11. Names and business addresses of officers and/or directors:

A. DIRECTORS See addendum (continued on next page)

Chairman: Wells Haren

Address: 8035 Nieman Road, Lenexa, KS 66214

1st Vice Chairman: Mark Teahan

Address: 1601 Bellefontaine Ave., Kansas City, MO 64127

2nd Vice

Chairman: Joseph Fahey

Address: 408 High Grove Rd., Grandview, MO 64030

Director: Robert Daly Jr.

Address: 2105 N 13th St., Kansas City, KS 66104

B. OFFICERS

President: Johnny Crowley Jr.

Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106

Vice President: Melinda Yancey

Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106

Secretary: Melinda Yancey

Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106

Treasurer: Shannon Burns

Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Shannon Burns, CFO/Treasurer

(Typed or printed name and capacity of person signing application)

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FILED

11. Names and business addresses of officers and/or directors: Application Addendum

**A. DIRECTORS**

Director: Walker Gray

Address: 625 SE Hancock St., Topeka, KS 66607

Director: Leon Keller

Address: 3513 North Ten Mile Drive, Jefferson City, MO 65109

Director: James Wilkinson

Address: (retired)

Home: 12831 Berkley St. #205, Overland Park, KS 66209

Director: n/a

Address: \_\_\_\_\_

**B. OFFICERS**

President: n/a

Address: \_\_\_\_\_

Vice President: n/a

Address: \_\_\_\_\_

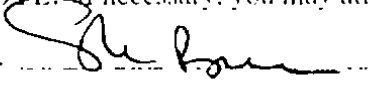
Secretary: n/a

Address: \_\_\_\_\_

Treasurer: n/a

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. Shannon Burns, CFO/Treasurer

(Typed or printed name and capacity of person signing application)



# STATE OF KANSAS

INSURANCE DEPARTMENT

## CERTIFICATE OF COMPLIANCE

I, VICKI SCHMIDT, Commissioner of Insurance of Kansas, do hereby certify that

MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

of Topeka, Kansas has complied with the requirements of the insurance laws of this state and is authorized to transact business within the state of Kansas until such Certificate of Authority is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.



IN TESTIMONY WHEREOF, I have hereunto subscribed  
my name and affixed my official seal, done at the City of  
Topeka this 30<sup>th</sup> day of July, 2019.

*Vicki Schmidt*

Commissioner of Insurance

Fire – Casualty – Life