

# FR0000003597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

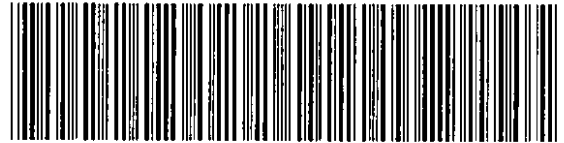
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2024 AUG 23 PM 2:47

CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 AUG 23 PM 1:48

TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/23/2024

**\*\*WALK IN\*\***

ENTITY NAME Midwest Builders' Casualty Mutual Company

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: 120160000072

*E R JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

Name of Corporation

**DOCUMENT NUMBER:** F19000003597

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nikki Lajom

Name of Contact Person

Harbor Compliance

Firm/Company

1830 Colonial Village Ln

Address

Lancaster, PA 17601

City/State and Zip Code

contactus@waypointmutual.com

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

For further information concerning this matter, please call:

Nikki Lajom

at ( 717 ) 869-0133

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2024

SUNSHINE STATE

SUBJECT: MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY  
Ref. Number: F19000003597

We have received your document for MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 924A00019060

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F19000003597

(Document number of corporation (if known))

1. MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

(Name of corporation as it appears on the records of the Department of State)

2. KS

(Incorporated under laws of)

3. 08/05/2019

(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 4/1/2024

Waypoint Mutual Co.

5. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

**FILED**  
**2024 AUG 23 PM 2:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

1st Johnny Crowley Jr.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Johnny Crowley Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35.00

2024 AUG 23 PM 2:47  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED



# KANSAS INSURANCE DEPARTMENT

## CERTIFICATE OF COMPLIANCE

**Company Name:** WAYPOINT MUTUAL

**SBS Company  
Number:** 4117416

**State of Domicile:** Kansas

**NAIC Number:** 13126

**Office of:** Vicki Schmidt

I, Vicki Schmidt, hereby certify that I am the Commissioner of Insurance, of the state of Kansas and have supervision of insurance business in said state and as such, I hereby certify that WAYPOINT MUTUAL of Kansas is duly organized under the laws of said state and is authorized to transact the business of

ACCIDENT & HEALTH

AIRCRAFT HULL

AIRCRAFT LIABILITY

AUTOMOBILE LIABILITY

AUTOMOBILE PHYSICAL DAMAGE

BAIL BONDS

BOILER & MACHINERY

BURGLARY, THEFT & ROBBERY

BUSINESS INTERRUPTION

CARGO LIABILITY

EXTENDED COVERAGE

FIDELITY BONDS

FIRE

FLOOD

FORGERY BONDS

GENERAL LIABILITY

GLASS

INLAND MARINE

OCEAN MARINE

OPTIONAL PERILS

PERSONAL LINES-FOR LICENSING PURPOSES

RAIN

SELF-SERVICE STORAGE - FOR LICENSING  
PURPOSES  
SPRINKLER LEAKAGE

SURETY BONDS

WATER DAMAGE

WINDSTORM & HAIL

WORKERS COMPENSATION

insurance in this state. IN TESTIMONY WHEREOF, I have hereunto set my hand at Topeka, Kansas, on August 29, 2024.



*Vicki Schmidt*

Commissioner of Insurance

August 29, 2024

Printed  
Date: 04/04/2024  
State: KS**KANSAS SECRETARY OF STATE  
Business Entity Certificate  
of Amendment**Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594(785) 296-4564  
kssos@sos.ks.gov  
https://sos.ks.gov

Please complete the form, print, sign and mail to the  
Kansas Secretary of State with the filing fee. Selecting  
'Print' will print the form and 'Reset' will clear the entire  
form.

For-Profit 53-14  
Not-for-profit 53-13

THIS SPACE FOR OFFICE USE ONLY.

**1. Business entity ID/file  
number:**Not Federal Employer ID  
Number (FEIN).

6224844

**2. Name of business  
entity:**Must match name on record  
with Secretary of State.

MIDWEST BUILDERS' CASUALTY MUTUAL COMPANY

**3a. Indicate the type of document to be amended:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Kansas For-Profit Articles of Incorporation (fee \$35)    | <input type="checkbox"/> Kansas Limited Liability Partnership Statement of Qualification (fee \$35)              |
| <input type="checkbox"/> Kansas Not-for-Profit Articles of Incorporation (fee \$20)           | <input type="checkbox"/> General Partnership Statement of Partnership Authority (fee \$35) (Skip to Question 4.) |
| <input type="checkbox"/> Kansas Limited Liability Company Articles of Organization (fee \$35) | <input type="checkbox"/> Foreign Entity Application for Registration (fee \$35 for-profit; \$20 not-for-profit)  |
| <input type="checkbox"/> Kansas Limited Partnership Certificate (fee \$35)                    |  |

**3b. The document indicated above is amended as follows:**

(If additional space is needed please provide an attachment.)

ARTICLE I - NAME is amended to read as follows:

The name of the corporation (the "Corporation") is: Waypoint Mutual

ARTICLE II - HOME OR PRINCIPAL OFFICE ADDRESS is amended to read as follows:

The address, including street, number and city, of the registered office of the Corporation in the State of Kansas is: 4601 E. Douglas Ave. Suite 150 Wichita, KS 67218. The name of the Corporation's resident agent at such address is: Registered Agents, Inc. of KS.

The address, including street, number and city of the home or principal office of the Corporation is: 1100 Walnut St. Suite #3010, Kansas City, MO 64106.

**4. For general partnerships only — Identify the statement to be amended and indicate the amendment to be made:**





## 5. Effective date:

Upon filing with the  
Kansas Secretary  
of StateFuture effective date:  
(Cannot be later than 90 days after  
the date this certificate is filed.)

Month

Day

Year

## 6. Signature(s): Sign in the appropriate section below according to the type of business entity for which the amendment is being filed.

For Kansas corporations, limited liability companies and limited liability partnerships, general partnerships, and all foreign covered entities:

(See below for required signature.)\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature

Name of Signer (Printed or Typed)

John Crowley, President

\*Kansas entities: Requires the signature of an authorized officer of a corporation, authorized person of a limited liability company or limited liability partnership or a partner of a general partnership.

\*Foreign covered entities: Requires the signature of an officer, director, authorized person or partner with authority according to the organic documents of the entity in its home state.

For Kansas limited partnerships only:

(See below for required signature(s).)\*\*

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature of General Partner

Name of Signer (Printed or Typed)

Signature of new General Partner (if amendment adds a new general partner)

Name of Signer (Printed or Typed)

\*\*Kansas limited partnerships: Requires the signature of at least one general partner and by each other general partner who is designated in the certificate of amendment as a new general partner.

Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

APPROVED FOR FILING

Vicki Schmidt,  
Commissioner of Insurance

by:

  
Justin L. McFarland, General Counsel26 Feb 2024  
Date

6224844

**Contact Information**  
Kansas Secretary of State  
**Ron Thornburgh**  
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
kssos@kssos.org  
www.kssos.org


**KANSAS SECRETARY OF STATE**  
**Domestic For Profit Corporation Certificate of Amendment**

**AP**

**53-14**

All information must be completed or this document will not be accepted for filing.

11-21-2008	15:50:00
5578 01	\$35.00
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FILE#: 6224844	FILED BY KS SOS



02287974

1. Name of the corporation:

Builders' Mutual Casualty Company

*Name must match the name on record with the secretary of state*

2. The articles of incorporation are amended as follows:

ARTICLE I - NAME is amended to read as follows:


The name of the corporation (the "Corporation") is: Midwest Builders' Casualty Mutual Company.

The amendment was duly adopted in accordance with the provisions of K.S.A. 17-6602.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 20th of November, 2008  
Day Month Year

Authorized officer

Approved for filing:  
  
SANDY PRAEGER  
Commissioner of Insurance  
Date: 11/21/08

RECEIVED  
NOV 21 50 3 49  
SECRETARY OF STATE

**Instruction**

Submit this form with the \$35 filing fee.

Notice: There is a \$25 service fee for all returned checks.



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

622-484-4

**Contact Information**  
Kansas Secretary of State  
**Ron Thornburgh**  
Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594  
(785) 296-4564  
kssos@kssos.org  
www.kssos.org

**KANSAS SECRETARY OF STATE  
Corporate Certificate of Correction**

**CC**  
53-05


All information must be completed or this document will not be accepted for filing.

1. Name of the corporation:  
Builders Mutual Casualty Company  
*Name must match the name on record with the secretary of state*

2. State of incorporation: Kansas

3. Specify the document and the inaccuracy that is to be corrected:  
The Articles of Incorporation as filed on January 9, 2008 incorrectly identified the corporation's name as Builders Mutual Casualty Company.

4. Set forth the portion of the document in its corrected form:  
The corporation's name, as it is listed in the heading and Article I of the Articles of Incorporation, shall be corrected to read as follows:  
Builders' Mutual Casualty Company

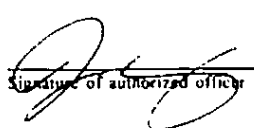
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 02095126	




Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 17th of January, 2008  
Day Month Year

  
Signature of authorized officer

CEO/Treasurer


Approved for filing:  
  
SANDY PRAGER  
Commissioner of Insurance  
Date: 1-18-08

FILED  
2008 JAN 22 PM 1:54  
SECRETARY OF STATE

**Instruction**

Submit this form with the \$35 filing fee.  
Notice: There is a \$25 service fee for all returned checks.

# VALIDATION COVER PAGE

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FILE#: 6224844	FILED BY KS SOS
	
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Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

622-484-4

## ARTICLES OF INCORPORATION

2023 JAN -9 PM 2:54

OF

FILED  
SECRETARY OF STATE

### BUILDERS MUTUAL CASUALTY COMPANY

The undersigned incorporators, for the purpose of incorporating a corporation under the Kansas General Corporation Code and the Insurance Code of the State of Kansas, as amended and supplemented, hereby adopt the following Articles of Incorporation:

#### ARTICLE I - NAME

The name of the corporation (the "Corporation") is: Builders Mutual Casualty Company.

#### ARTICLE II - REGISTERED OFFICE AND HOME OFFICE

The address, including street, number and city, of the registered office of the Corporation in the State of Kansas is: 2101 SW 21<sup>st</sup> Street, Topeka, Kansas 66604. The name of the Corporation's resident agent at such address is: National Registered Agents, Inc. of KS.

The address, including street, number and city of the home or principal office of the Corporation in the state of Kansas is: 20905 W. 90<sup>th</sup> Terrace, Lenexa, Kansas 66220.

#### ARTICLE III - NATURE OF BUSINESS

The nature of the business or purposes to be conducted or promoted by the Corporation is the mutual insurance of its members by effecting such kinds of insurance as authorized by Article 12, Chapter 40 of the Kansas Statutes Annotated and all amendments thereto, and to engage in any lawful act or activity for which corporations may be organized under the Kansas General Corporation Code and the Insurance Code of the State of Kansas.

In addition to the powers and privileges conferred upon the Corporation by law and those incidental thereto, the Corporation shall possess and may exercise all the powers and privileges which are necessary or convenient to the conduct, promotion or attainment of the business or purposes of the Corporation.

#### ARTICLE IV - CAPITAL STOCK

The Corporation shall have no authority to issue Capital Stock. The Corporation shall have members and the conditions of membership shall be set forth in the Corporation's bylaws.

Approved for filing:  
*Sandy Prager*  
SANDY PRAGER  
Secretary of Insurance  
Date: 1-8-08



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

## ARTICLE V - INCORPORATORS

The name and the mailing address of the incorporators are as follows:

<u>Name</u>	<u>Address</u>
Kent "Hoot" Gibson	5824 NW 104 <sup>th</sup> Street Kansas City, MO 64154
Don Greenwell	605 NW Cliffside Court Lee's Summit, MO 64081
Craig Nelson	17498 S.W. Meadowlark Rose Hill, KS 67133
Craig Stromgren	304 Sunset Court Silver Lake, KS 66539
L.B. Morris	2304 W. 96 <sup>th</sup> Leawood, KS 66206
Steve Dunn	5401 Pawnee Lane Fairway, KS 66205
Mark Teahan	10111 Wenonga Lane Leawood, KS 66206
Wells Haren	2647 W. 167 <sup>th</sup> Street Stillwell, KS 66085
Joe Fahey	901 W. 120 <sup>th</sup> Kansas City, MO 64145
Jim Carson	7183 Lawrence 1232 Ash Grove, MO 65604
Dean Ferrell	5035 S.W. Brentwood Road Topeka, KS 66606
Steve Sloan	601 Elmwood Lane Pittsburg, KS 66762
Chris Boland	9617 Manor Road Leawood, KS 66206
Norman Waters	8113 Lingle Lane Lenexa, KS 66215
David Sipp	1317 NE Deer Valley Drive Lee's Summit, MO 64086
Bob Switzer, Jr.	100 NW Burroughs Lee's Summit, MO 64084
George Vedder	5711 Andrew Court Shawnee, KS 66213
Mike Lee	6018 W. 62 <sup>nd</sup> Street Mission, KS 66202
Sue Floyd	8004 W. 148 <sup>th</sup> Street Overland Park, KS 66223



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

Mitch DiCarlo

9127 Lee Boulevard  
Leawood, KS 66206

#### ARTICLE VI - EXISTENCE

The Corporation is to have perpetual existence.

#### ARTICLE VII - BOARD OF DIRECTORS

(a) The management of the business and the conduct of the affairs of the Corporation shall be vested in its Board of Directors. The number of directors which shall constitute the whole Board of Directors shall be at least five (5) directors and no more than twenty five (25) directors, who shall be policyholders of the Corporation and shall fixed by, or in the manner provided in, the Bylaws. The phrase "whole Board" and the phrase "total number of directors" shall each mean the total number of directors which the Corporation would have if there were no vacancies.

(b) Voting for directors by written ballot is required.

(c) At all elections of directors of the Corporation and for the purposes of all other matters upon which members are entitled to vote, each member shall be entitled to as many votes for directors as there are directors to be elected and shall be entitled to one vote on each item of other business at issue. Each member shall have the right to cast as many votes in the aggregate as shall equal the number of directors to be regularly elected, and each member, in person or by proxy, may cast the whole number of votes for one candidate or may divide such votes among two or more candidates.

(d) The names and mailing addresses of the persons who are to serve as the first Board of Directors until the first annual meeting of members or until their successors are elected and qualify are:

<u>Name</u>	<u>Address</u>
Dean Ferrell	2420 NW Button Rd., Topeka, KS 66675-0107
James W. Carson	601 N. Glenstone Springfield, MO 65801
L. B. Morris	4200 Gardner Kansas City, MO 64120
Steve Dunn	929 Holmes Kansas City, MO 64106
Mark Teahan	1601 Bellefontaine Avenue Kansas City, MO 64127
Wells Haren	8035 Nieman Road Lenexa, KS 66214
Steve Sloan	709 North Locust Pittsburg, KS 66762



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802

Joe Fahey

408 High Grove Road  
Grandview, MO 64030

#### ARTICLE VIII - BOOKS AND RECORDS

The books and records of the Corporation may be kept (subject to any provision contained in the statutes of the State of Kansas) inside or outside the State of Kansas at such place or places as may be designated from time to time by the Board of Directors or in the Bylaws of the Corporation.

#### ARTICLE IX - AMENDMENTS

From time to time any of the provisions of these Articles of Incorporation may be amended, altered, changed or repealed, by a majority vote of members and other provisions authorized or permitted by the Kansas General Corporation Code and the Insurance Code of the state of Kansas at the time in force may be added or inserted in the manner and at the time prescribed by the Kansas General Corporation Code and the Insurance Code of the State of Kansas, and all rights at any time conferred upon the policyholders of the Corporation by these Articles of Incorporation are granted subject to the provisions of this Article.

[The remainder of this page is intentionally blank.]



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802



The undersigned incorporators hereby declare, under penalty of perjury, according to the laws of Kansas, that the foregoing is true and correct.

Dated: January 4, 2008

**NAME:**

**ADDRESS:**

H. H. P.  
Tom Greenwell  
D. Craig Wilson  
Craig S. Thompson  
Jeff Wilson  
Stephen D. Dunn  
M. J. Carter  
Clifford H. H. H.  
Joseph D. Schrey  
James A. Van  
Ken Hurd  
Don W. Sloan  
Tom Boland  
James B. Waters  
James A. H. H.  
M. J. Carter  
Don W. Sloan  
M. J. Carter

5824 NW 104<sup>th</sup> St, Kansas City, MO 64154  
605 NW Cliffside Ct, Lees Summit, MO 64081  
17498610. MEADOWCREEK ROAD, Hill KS 67133  
304 Sunset Ct, Silver Lake, KS 66539  
2304 W. 96<sup>th</sup> Leawood, KS 66206  
5401 Pawnee Lane, Fairway, KS 66205  
10111 Wenonga Ln Leawood, KS 66206  
2647 W. 167<sup>th</sup> ST, Stillwell, KS 66085  
901 W. 120<sup>th</sup>, Kansas City, Mo. 64145  
7183 Lawrence 1232, Oak Shore, Mo. 65604  
5035 S.W. BRENTWOOD RD., Topeka, Ks. 66606  
601 Elmwood Lane Pittsburg, KS 66762  
9617 Manor Rd., Manor Rd Leawood, KS 66206  
8113 Linds Lane Leawood, Ks. 66215  
1317 N.E. Deer Valley Dr. L.S., MO 64086  
100 NW Burroughs, Lees Summit, MO 64081  
5711 Alden Ct, Sumner, KS 66213  
6018 W 62<sup>nd</sup> ST, Mission, KS 66202  
8204 W. 148<sup>th</sup> St, Overland Park, KS 66223  
9127 LEE BLVD, LEAWOOD KS. 66206



Certified Date: 08/19/2024  
Certificate Number: 20240819-653802