

F23000004402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

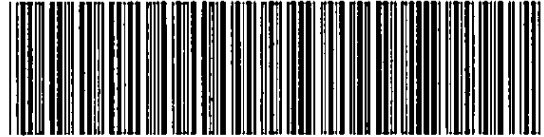
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon Midwest Casualty 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

Horizon Midwest Casualty 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) 701-7011

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**

☐ \$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

**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. Horizon Midwest Casualty 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 3. 45-4596270
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/19/2012 5. n/a
(Date of incorporation) (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 street 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: Michael R. Beane c/o Moore, Ingram, Johnson, & Steele LLP

Office Address: 10201 Centurion Parkway N. Ste 401

Jacksonville, Florida 32256
(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.

/S/Michael R. Beane

(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: Wells Haren
☐ Vice Chairman Address: 8035 Nieman Road, Lenexa KS 66214
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Teahan
☒ Vice Chairman Address: 1601 Bellefontaine Ave, Kansas City, MO 64127
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

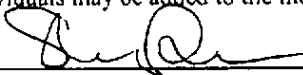
☐ Chairman Name: Johnny Crowley Jr.
☐ Vice Chairman Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106
☐ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Melinda Yancey
☐ Vice Chairman Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106
☐ Director _____
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Elizabeth Long
☐ Vice Chairman Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Shannon Burns
☐ Vice Chairman Address: 1100 Walnut St. Suite 3010, Kansas City, MO 64106
☐ 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. CFO/Treasurer
 (Typed or printed name and capacity of person signing application)



KANSAS
INSURANCE
DEPARTMENT

CERTIFICATE OF AUTHORITY

Company Name: HORIZON MIDWEST CASUALTY COMPANY

**SBS Company
Number:** 4120729

State of Domicile: Kansas

NAIC Number: 14401

Effective Date: December 31, 2015

HORIZON MIDWEST CASUALTY COMPANY is hereby authorized and empowered, through this Certificate of Authority, to transact the following lines of business as a/an PROPERTY AND CASUALTY INSURANCE COMPANY:

WORKERS COMPENSATION

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within the state of Kansas, from December 31, 2015, until such certificate is suspended, revoked, or terminated by the Commissioner of Insurance of Kansas.



Vicki Schmidt

Commissioner of Insurance

July 25, 2023