

F25000000217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

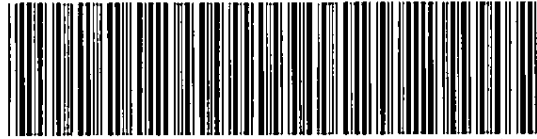
(Business Entity Name)

(Document Number)

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

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AND  
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2025 JAN 10 AM 10:59  
CLERK OF STATE  
TALLAHASSEE, FL

JAN 11 2025  
K. Brumbley

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fidelity Security Assurance 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:

Mark Holmstrom

Name of Person

Fidelity Security Assurance Company

Firm/Company

3130 Broadway

Address

Kansas City, MO 64111

City/State and Zip code

MHolmstrom@fslins.com

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

For further information concerning this matter, please call:

Mark Holmstrom

at ( 816 ) 968-0752

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. Fidelity Security Assurance 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. Missouri 3. 87-2447390  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/16/2021 5. \_\_\_\_\_  
(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. 3130 Broadway, Kansas Cit, MO 64111  
(Principal office street address)

(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: 200 E. Gaines Street  
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: Bradford Jones  
☐ Vice Chairman Address: 3130 Broadway  
☐ Director Kansas City, MO 64111  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Richard F. Jones  
☐ Vice Chairman Address: 3130 Broadway  
☒ Director Kansas City, MO 64111  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

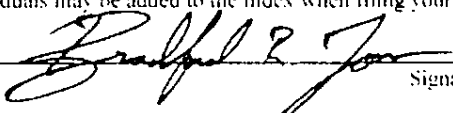
☐ Chairman Name: Bryson Jones  
☐ Vice Chairman Address: 3130 Broadway  
☒ Director Kansas City, MO 64111  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Martha Maddeen  
☐ Vice Chairman Address: 3130 Broadway  
☐ Director Kansas City, MO 64111  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Richard F. Jones, Jr.  
☐ Vice Chairman Address: 3130 Broadway  
☒ Director Kansas City, MO 64111  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

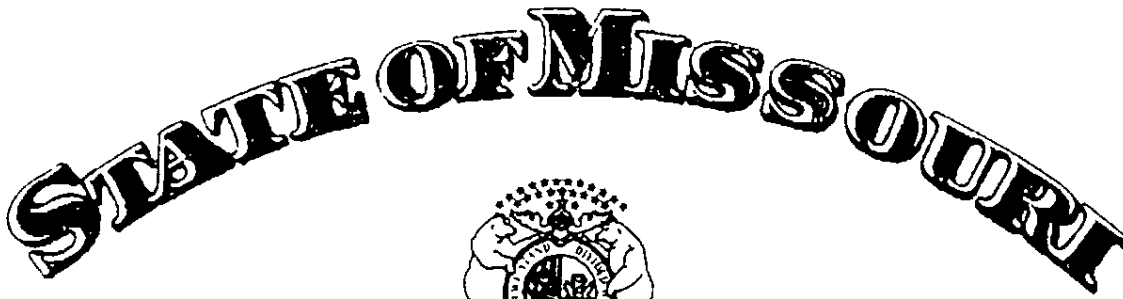
☐ Chairman Name: Peter Lindquist  
☐ Vice Chairman Address: 3130 Broadway  
☒ Director Kansas City, MO 64111  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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. Bradford Jones, President of Fidelity Security Assurance Company  
(Typed or printed name and capacity of person signing application)



## DEPARTMENT OF COMMERCE & INSURANCE

P.O. Box 690, Jefferson City, Mo. 65102-0690

### CERTIFICATION OF AUTHORITY

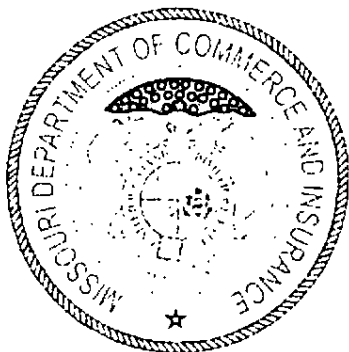
I, John Rehagen, Director of the Insurance Company Regulation Division of the Department of Commerce and Insurance, State of Missouri, certify that I manage the regulatory function of the licensing of foreign and domestic insurance companies in the State of Missouri and as such, do hereby certify that

#### **FIDELITY SECURITY ASSURANCE COMPANY A Missouri P&C Stock Corporation**

possesses a Certificate of Authority as a Property and Casualty Insurance Company, and is thereby authorized subject to the provisions of the insurance laws of Missouri to make the following insurance business:

Property (§ 379.010.1(1), RSMo)  
Liability (§ 379.010.1(2), RSMo)  
Fidelity and Surety (§ 379.010.1(3), RSMo)  
Accident and Health (§ 379.010.1(4), RSMo)  
Miscellaneous (§ 379.010.1(5), RSMo)

in the State of Missouri. To date, the Certificate of Authority has not been refused, terminated, suspended, or revoked by the Director.



IN WITNESS WHEREOF, I have hereunto caused the official seal of the Director to be affixed, this 31<sup>st</sup> day of May, 2024.

John Rehagen, Director  
Insurance Company Regulation Division