MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

CERTIFICATE OF AMENDMENT AND RESTATEMENT OF ARTICLES

INSTRUCTIONS

To be completed in accordance with sections 375.201—375.226, RSMo.

We, the undersigned president or vice president and secretary or assistant secretary, on our oaths swear and certify to the truth of the following statements:

(1) NAME OF THE INSURANCE COMPANY: _____

IF THE NAME OF THE INSURANCE COMPANY CHANGED AS A RESULT OF THIS AMENDMENT AND RESTATEMENT, THE NAME OF THE INSURANCE COMPANY IMMEDIATELY BEFORE THIS AMENDMENT AND RESTATEMENT WAS

_____

(2) THE DATE OF THE ADOPTION OF THE AMENDMENT AND RESTATEMENT BY THE SHAREHOLDERS, MEMBERS OR OTHER GROUP OF PERSONS ENTITLED TO VOTE ON THE AMENDMENT AND RESTATEMENT: _____

(3) THE AMENDMENT AND RESTATEMENT ADOPTED (include a brief description of the amendment and restatement, and include a copy with this form when filed):

(4) THE NUMBER OF SHARES, MEMBERS, OR OTHER GROUP OF PERSONS ENTITLED TO VOTE, OR IF A MUTUAL, THE NUMBER OF THE MEMBERS PRESENT EITHER IN PERSON OR BY PROXY ENTITLED TO VOTE: _____

(5) THE NUMBER OF SHARES, MEMBERS OR OTHER GROUP OF PERSONS THAT VOTED FOR AND AGAINST SAID AMENDMENT AND RESTATEMENT RESPECTIVELY:

FOR: _____ AGAINST: _____

(6) IF THE AMENDMENT AND RESTATEMENT EFFECTS A CHANGE IN THE NUMBER OR PAR VALUE OF AUTHORIZED SHARES, THEN A STATEMENT SHOWING THE NUMBER OF SHARES AND PAR VALUE THEREOF PREVIOUSLY AUTHORIZED:

_____
President or Vice President

PLACE CORPORATE SEAL HERE
(If no corporate seal, leave blank)

_____
Secretary or Assistant Secretary

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____ , _____ .

_____
NOTARIAL SEAL NOTARY PUBLIC

My Commission expires _____