MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

CERTIFICATE OF 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: _____

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

(3) THE RESTATEMENT ADOPTED (affirmatively state that no amendments are being made with this filing, and include a copy of the restated articles 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 RESTATEMENT RESPECTIVELY:

FOR: _____ AGAINST: _____

_____
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 _____