



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
CERTIFICATE OF AMENDMENT 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, THE NAME OF THE INSURANCE COMPANY IMMEDIATELY BEFORE THIS AMENDMENT WAS _____
- (2) THE DATE OF THE ADOPTION OF THE AMENDMENT BY THE SHAREHOLDERS, MEMBERS OR OTHER GROUP OF PERSONS ENTITLED TO VOTE ON THE AMENDMENT: _____
- (3) THE AMENDMENT ADOPTED (attach additional pages if necessary):

- (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 RESPECTIVELY:
FOR: _____ AGAINST: _____
- (6) IF THE AMENDMENT 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 _____