



APPENDIX 1
Certificate of Amendment of Articles
(to be executed in triplicate)

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): _____

Multiple horizontal lines for writing the amendment text.

(4) The Number of Share 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 of 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, state (none".)

(Secretary or Assistant Secretary)

State of _____

County of _____

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

NOTARY PUBLIC

NOTARIAL SEAL

My commission expires _____

Certificate of Amendment of the Director of Insurance
(This certificate may be filled out only by the Director of Insurance)

I certify that I have examined the above Certificate of Amendment of Articles as executed by the insurance company and find that it conforms to law, that the proceedings were regular, that the condition and the assets of the company justify the amendment, and that the same will not be prejudicial to the interests of the policyholders, all as provided by law.

So Certified, Signed, and Official Seal Affixed on this date: _____

Director of Insurance
State of Missouri

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