

Amendment or Restatement of Michigan Articles of Incorporation

Fees and attachments must accompany this filing.
Please use the checklist and remittance stub on page 2 of this form to complete your filing.

Validation code: 96-22-88 25.00

Name of Corporation	This corporation is organized under the provisions of Public Act 218 of 1956, as amended; Chapter _____														
Details about meeting where amendment vote was taken: Date of meeting: <input type="checkbox"/> Annual <input type="checkbox"/> Special City meeting was held in:	The vote on amendments was: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">In person</td> <td style="width:33%; text-align: center;">By proxy</td> <td style="width:15%; text-align: center;">Total</td> </tr> <tr> <td style="border: none;">Votes FOR</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: none;">Votes AGAINST</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>				In person	By proxy	Total	Votes FOR				Votes AGAINST			
	In person	By proxy	Total												
Votes FOR															
Votes AGAINST															

THE ARTICLES OF INCORPORATION ARE TO BE AMENDED AS FOLLOWS: (attach additional sheets if necessary)

Amending only-List article amended, and state the amendment.

Amending & Restating-List article amended, and state the amendment, then restate articles including amendment.

Corporate Certification

We certify that we are the president and secretary of this corporation, transacting business under Michigan Public Act 218 of 1956 as amended. Notice of the intention to amend the articles of incorporation was given to the members or stockholders of this corporation in compliance with §500.5214 of the Michigan Insurance Code. After providing proper notice, a meeting was held and it was resolved by the required vote of stockholders or members to amend or restate the articles of incorporation, details of which are described above.

Signature of the President of the corporation Date	Signature of the Secretary of the corporation Date
President's name typed or printed	Secretary's name typed or printed

P.A. 218 of 1956 as amended requires submission of this form by domestic insurance corporations that intend to amend their articles of incorporation. Amendments are not approved until this form is filed with, and approved by, the director.



Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

Checklist For Submitting Amendment or Restatement of Michigan Articles of Incorporation

THESE ITEMS MUST BE INCLUDED BEFORE WE CAN CONSIDER THIS FILING:

(use the checklist to assure all necessary items are included)

- Submit **two copies** of form FIS 0066 (Page 1) each with original signatures and each of the following three attachments if applicable:
 - A copy of the notice of meeting, and evidence that notice was properly given to members/stockholders. *The notice should clearly state that a purpose of the meeting is to vote on an amendment to an article, and contain the text of the article or section as currently written, and the complete amendment with the proposed changes.*
 - A copy of proxy materials (if used) including a proxy card. *Proxy cards should include a place for members/stockholders to vote either yes or no on the article amendment.*
 - An excerpt from the minutes of the meeting as it relates to adoption of the amendment, signed by the president and secretary.
- Complete and submit **one copy** of the **Attorney General Fee Payment Stub** (below).
- Include **one check** for \$25.00 payable in US dollars to: **State of Michigan**.
This is the statutory fee for examination of the amendments by the Attorney General.

Send entire completed filing to:

**Department of Insurance and Financial Services
Office of Insurance Evaluation
PO Box 30220
Lansing, MI 48909-7720**

Our toll free phone number is: 1-877-999-6442

✂ Please cut on line. Return stub (below) with payment. Retain checklist (top portion) for your records. ✂

FIS 0066 (06/15) Department of Insurance and Financial Services

ATTORNEY GENERAL FEE PAYMENT STUB

Please complete and return this stub with payment in the amount of \$25.00

Make check or money order payable in U.S. Dollars to: State of Michigan

DIFS

Office of Insurance Evaluation

P.O. Box 30220

Lansing, MI 48909-7720

Payments received without this stub may be returned to payor, and could result in delayed processing.

Company Name

Enter 5 digit N.A.I.C. Company Number

Do not write below this line

96-11-0000

-88 \$25.00