STATEMENT AND AGREEMENT PERTAINING TO LOSS OR DESTRUCTION OF POLICY _____

Because of the loss or destruction of my policy I hereby request that HOMESTEADERS LIFE COMPANY issue a duplicate copy of the policy, or a certification of coverage in lieu thereof, to be numbered the same as the original. In consideration of the granting of this request, I agree as follows:

The duplicate copy, or certification of coverage, shall stand in the place and stead of the original policy. This replacement does not amend, extend, or alter the coverage afforded by the original policy. The replacement document is subject to all the terms, exclusions, and conditions of the original policy.

_____ X _____

(Witness) (Signature of Owner) (Date)