

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **846539 (5)**  
1. Corporation Name  
**CAPITOL BANKERS LIFE INSURANCE COMPANY**



Principal Place of Business: **5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M 4G4**  
Mailing Address: **5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M 4G4**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1980</b>	3a. Date of Last Report <b>02/03/1995</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>41-0880965</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GORBERT, FREDERICK W.</b>		1.2 NAME		
STREET ADDRESS	<b>440 BEDFORD PARK AVENUE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TORONTO ONTARIO M5</b>		1.4 CITY-ST-ZIP		
TITLE	<del>PDC</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>LYNCH, JOHN G.</del>		2.2 NAME		
STREET ADDRESS	<del>27 CRAIGHURST AVE</del>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<del>TORONTO ON</del>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUTCHISON, PETER S.</b>		3.2 NAME		
STREET ADDRESS	<b>63 RUMSEY RD.</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TORONTO ONTARIO</b>		3.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOCZYSKI, THERESA</b>		4.2 NAME		
STREET ADDRESS	<b>24 MABELLE AVE # 2615</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>ETOBICOKE ONTARIO</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

**800001724648**  
**-02/27/96--01021--003**  
**\*\*\*200.00**

SEE LIST ATTACHED

*Handwritten signature and date: CMC 2/27/96*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_

CR2E034 (12/95)

**CAPITOL BANKERS LIFE INSURANCE COMPANY  
CURRENT LIST OF OFFICERS AS AT 01/29/1996**

Ratzel, L. John 810 Morningside Lane, Elm Grove, WI, UNITED STATES 53122 President and Chief Executive Officer	12/15/1995
Creber, Gordon R. 40 Latimer Avenue, Toronto, ON M5N 2L8 Vice-President	01/19/1996
Lengyell, Kevin 137 Dowling Avenue, Toronto, ON M6K 3A9 Secretary-Treasurer	06/14/1995
Duffy, Andrew 24 Elsfield Road, Etobicoke, ON M8Y 3R4 Controller	07/19/1995
Toczyski, Theresa 24 Mabelle Avenue, Apt. #2615, Etobicoke, ON M9A 4X8 Assistant Secretary	04/30/1993

**CAPITOL BANKERS LIFE INSURANCE COMPANY  
CURRENT LIST OF DIRECTORS AS AT 01/29/1996**

Gorbet, Frederick W. 440 Bedford Park Avenue, Toronto, ON M5M 1K1	06/08/1994
Hutchison, Peter Seaton 55 Bestview Drive, North York, ON M2M 2X8	01/02/1991
Ratzel, L. John 810 Morningside Lane, Elm Grove, WI, UNITED STATES 53122	12/15/1995