

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846539 (5)**  
 1. Corporation Name  
**CAPITOL BANKERS LIFE INSURANCE COMPANY**



Principal Place of Business <b>5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M -4G4</b>	Mailing Address <b>5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M</b>
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2. Principal Place of Business <b>21 200 BLOOR STREET EAST</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 P.O. BOX 600</b> Suite, Apt. #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>07/22/1980</b>	3a. Date of Last Report <b>02/27/1996</b>
City & State <b>23 TORONTO, ONTARIO</b>	City & State <b>28 BUFFALO, NEW YORK</b>	4. FEI Number <b>41-0880965</b>	Applied For Not Applicable
Zip <b>24 M4W 1E5</b>	Country <b>25 CANADA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>29 14201-0600</b>	Country <b>30 U.S.A.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**FLORIDA STATE INSURANCE COMMISSIONER**  
**THE CAPITOL BUILDING**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NAME) Registered Agent signature required when reappointing \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GORBERT, FREDERICK W.</b>		1.2 NAME <b>STEPHEN L. ROSEN</b>	
STREET ADDRESS <b>440 BEDFORD PARK AVENUE</b>		1.3 STREET ADDRESS <b>200 BLOOR STREET EAST</b>	
CITY-ST-ZIP <b>TORONTO ONTARIO M5</b>		1.4 CITY-ST-ZIP <b>TORONTO, ON M4W 1E5</b>	
TITLE <b>PCEO</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RATZEL, JOHN L.</b>		2.2 NAME <b>JOHN R. OSTLER</b>	
STREET ADDRESS <b>810 MORNINGSIDE LANE</b>		2.3 STREET ADDRESS <b>200 BLOOR STREET EAST</b>	
CITY-ST-ZIP <b>ELM GROVE WI 53122</b>		2.4 CITY-ST-ZIP <b>TORONTO, ON M4W 1E5</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HUTCHISON, PETER S.</b>		3.2 NAME <b>JOHN G. VRYSEN</b>	
STREET ADDRESS <b>63 RUMSEY RD.</b>		3.3 STREET ADDRESS <b>200 BLOOR STREET EAST</b>	
CITY-ST-ZIP <b>TORONTO ONTARIO</b>		3.4 CITY-ST-ZIP <b>TORONTO, ON M4W 1E5</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TOCZYSKI, THERESA</b>		4.2 NAME <b>JULIA ANNE GOATLEY</b>	
STREET ADDRESS <b>24 MABELLE AVE # 2615</b>		4.3 STREET ADDRESS <b>200 BLOOR STREET EAST</b>	
CITY-ST-ZIP <b>ETOBICOKE ONTARIO</b>		4.4 CITY-ST-ZIP <b>TORONTO, ON M4W 1E5</b>	
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 if changed, or on an attachment with an address.

SIGNATURE: **JOHN R. OSTLER** APRIL 2, 1997 (416) 926-6149

CR2E034 (9/96)