

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 200 BLOOR STREET EAST TORONTO ON M4W1E US	Mailing Address P.O. BOX 600 BUFFALO NY 14201-0600 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1980	
21	22	26	27	4. FEI Number 41-0680965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent 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
				FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS ROSEN, STEPHEN L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 BLOOR STREET EAST	1.2 NAME	
STREET ADDRESS	TORONTO ON	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PCEO RATZEL, JOHN L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	810 MORNINGSIDE LANE	2.2 NAME	
STREET ADDRESS	ELM GROVE WI 53122	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HUTCHISON, PETER S.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	83 RUMSEY RD.	3.2 NAME	
STREET ADDRESS	TORONTO ONTARIO	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT OSTLER, JOHN R	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 BLOOR STREET EAST	4.2 NAME	
STREET ADDRESS	TORONTO ON	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VA VRYSEN, JOHN G
STREET ADDRESS		5.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TORONTO ON M4W 1E5
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D GOATLEY, JULIA A
STREET ADDRESS		6.3 STREET ADDRESS	200 BLOOR STREET EAST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TORONTO ON M4W 1E5

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stephen L. Rosen* **Stephen L. Rosen** April 7th/98 (416) 926-6101

CR2E034 (10/97)