


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90012 030 ***550.00

0116648

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 846539

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 21 969 High Ridge Road Suite, Apt. #, etc.		2a. Mailing Address 26 969 High Ridge Road Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/22/1980	
22 City & State 23 Stamford, CT		27 City & State 28 Stamford, CT		4. FEI Number 41-0880965 Applied For Not Applicable	
24 Zip 06905		25 Country USA		29 Zip 06905	
30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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	85 Zip Code
				FL	

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C/CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSEN, STEPHEN L		1.2 NAME DUBOIS, JACQUES E.	
STREET ADDRESS 200 BLOOR STREET EAST		1.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP TORONTO ON		1.4 CITY-ST-ZIP STAMFORD, CT 06905	
TITLE PCEO	<input checked="" type="checkbox"/> DELETE	2.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RATZEL, JOHN L		2.2 NAME BEISENHERZBEROBERTEL	
STREET ADDRESS 810 MORNINGSIDE LANE		2.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP ELM GROVE WI 53122		2.4 CITY-ST-ZIP STAMFORD, CT 06905	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUTCHISON, PETER S.		3.2 NAME STROUP, CHRISUC.	
STREET ADDRESS 63 RUMSEY RD.		3.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP TORONTO ONTARIO		3.4 CITY-ST-ZIP STAMFORD, CT 06905	
TITLE VT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP/GC/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OSTLER, JOHN R		4.2 NAME WILSON, R. WELDON	
STREET ADDRESS 200 BLOOR STREET EAST		4.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP TORONTO ON		4.4 CITY-ST-ZIP STAMFORD, CT 06905	
TITLE VA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VRYSEN, JOHN G		5.2 NAME DUBOSE III, JOHN W.	
STREET ADDRESS 200 BLOOR STREET EAST		5.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP TORONTO ON M4W 1		5.4 CITY-ST-ZIP STAMFORD, CT 06905	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOATLEY, JULIA A		6.2 NAME BULTHAUP, ROBERT M.	
STREET ADDRESS 200 BLOOR STREET EAST		6.3 STREET ADDRESS 969 HIGH RIDGE ROAD	
CITY-ST-ZIP TORONTO ON M4W 1		6.4 CITY-ST-ZIP STAMFORD, CT 06905	

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: _____ 8/13/99 203/321-3122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)