

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90120 009 \*\*\*150.00

**DOCUMENT # 846539**

1. Entity Name  
**CAPITOL BANKERS LIFE INSURANCE COMPANY**

UUU44991



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**939 HIGH RIDGE RD**  
**STAMFORD CT 06905**  
**US**

Mailing Address  
**939 HIGH RIDGE RD**  
**STAMFORD CT 06905**  
**US**

2. Principal Place of Business *280 Turnbull St*  
*Connecticut*

3. Mailing Address  
*280 Turnbull St 21st Fl.*

Suite, Apt. #, etc.  
*21st Fl.*

Suite, Apt. #, etc.

City & State  
*Hartford Ct*

City & State  
*Hartford Ct*

4. FEI Number **41-0880965**

Applied For  
 Not Applicable

Zip  
*06103*

Country  
*US*

Zip  
*06103*

Country  
*US*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCD</b> <b>DUBOIS, JACQUES E</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BEISENHERZ, ROBERET L</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>STROUP, CHRIS C</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGSD</b> <b>WILSON, W. WELDON</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DUBOSE, III, JOHN W</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BULTHAUP, ROBERT M</b> <b>969 HIGH RIDGE RD</b> <b>STAMFORD CT 06905</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bryan T President &amp; Director</i> <i>For the state, BRYAN T</i> <i>280 Turnbull Street 21st Fl.</i> <i>Hartford Ct 06103</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Van Der Beek, David A.</i> <i>280 Turnbull Street 21st Fl.</i> <i>Hartford Ct 06103</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Controller &amp; Treasurer &amp; Director</i> <i>Lackwood, John W.</i> <i>280 Turnbull Street 21st Fl.</i> <i>Hartford Ct 06103</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Exec V.P. marketing &amp; Director</i> <i>Holland, BRIAN G.</i> <i>233 Woodman Street</i> <i>Newton MA 02464</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/16/01* Daytime Phone #: *(860) 256-2130*

CR2E034 (10/00)