

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:26

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

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1980	3a. Date of Last Report 02/17/1994
21		2b		4. FEI Number 41-0880965	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, PETER W.	1.2 NAME	FREDERICK W. GORBET
STREET ADDRESS	201 OHERWOOD PLACE	1.3 STREET ADDRESS	440 BEDFORD PARK AVENUE
CITY-ST-ZIP	NEWMARKET ON	1.4 CITY-ST-ZIP	TORONTO, ONTARIO M5M 1K1
TITLE	D	2.1 TITLE	P/D/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNCH, JOHN G	2.2 NAME	
STREET ADDRESS	27 CRAIGHURST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHISON, PETER S.	3.2 NAME	
STREET ADDRESS	63 RUMSEY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ONTARIO	3.4 CITY-ST-ZIP	
TITLE	POEO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE, PETER W.	4.2 NAME	
STREET ADDRESS	201 OHERWOOD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWMARKET ON	4.4 CITY-ST-ZIP	
TITLE	OT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAM, AMANDA	5.2 NAME	
STREET ADDRESS	40 NEWDAWN CRES.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCARBOROUGH ONTARIO	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOCZYSKI, THERESA	6.2 NAME	
STREET ADDRESS	24 MABELLE AVE # 2615	6.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE ONTARIO	6.4 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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 checked, or on an attachment with an address.

SIGNATURE: Theresa Toczyski (Typed Name) Jan 27/95 (Date) (416) 229-4515 (Telephone No.)
 Theresa Toczyski - Assistant Secretary

**CAPITOL BANKERS LIFE INSURANCE COMPANY
CURRENT LIST OF OFFICERS AS AT 01/24/1995**

Lynch, John Gerard 27 Craighurst Avenue, Toronto, ON M4R 1J9 President & Chief Executive Officer	05/20/1994
Clark, Maura 485 Summerhill Avenue, Toronto, ON M4W 2E3 Vice-President	10/01/1993
Clark, Maura 485 Summerhill Avenue, Toronto, ON M4W 2E3 Secretary-Treasurer	06/08/1994
Lengyell, Kevin 137 Dowling Avenue, Toronto, ON M6K 3A9 Assistant Vice-President	07/13/1994
Toczyski, Theresa 24 Mabelle Avenue, Apt. #2615, Etobicoke, ON M9A 4X8 Assistant Secretary	04/30/1993
Duffy, Andrew 39 Roshampton Avenue, Toronto, ON M4P 1P9 Assistant Treasurer	07/13/1994

January 24, 1995