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FILED
Apr 16 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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: **5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M -4G4**
 Mailing Address: **5650 YONGE STREET NORTH YORK, ONTARIO CANADA M2M**

3. Date Incorporated or Qualified: **07/22/1980**
 3a. Date of Last Report: **02/27/1996**

2. Principal Place of Business
21 200 BLOOR STREET EAST
 Suite, Apt. #, etc.
22
 City & State
23 TORONTO, ONTARIO
 Zip Country
24 M4W 1E5 25 CANADA
 2a. Mailing Address
26 P.O. BOX 600
 Suite, Apt. #, etc.
27
 City & State
28 BUFFALO, NEW YORK
 Zip Country
29 14201-0600 30 U.S.A.

4. FEI Number: **41-0880965**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 **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 _____ (NAME) Registered Agent signature required when reappointing _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GORBERT, FREDERICK W.	
STREET ADDRESS	440 BEDFORD PARK AVENUE	
CITY-ST-ZIP	TORONTO ONTARIO M5	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	RATZEL, JOHN L.	
STREET ADDRESS	810 MORNINGSIDE LANE	
CITY-ST-ZIP	ELM GROVE WI 53122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUTCHISON, PETER S.	
STREET ADDRESS	63 RUMSEY RD.	
CITY-ST-ZIP	TORONTO ONTARIO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TOCZYSKI, THERESA	
STREET ADDRESS	24 MABELLE AVE # 2615	
CITY-ST-ZIP	ETOBICOKE ONTARIO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN L. ROSEN	
1.3 STREET ADDRESS	200 BLOOR STREET EAST	
1.4 CITY-ST-ZIP	TORONTO, ON M4W 1E5	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN R. OSTLER	
2.3 STREET ADDRESS	200 BLOOR STREET EAST	
2.4 CITY-ST-ZIP	TORONTO, ON M4W 1E5	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN G. VRYSEN	
3.3 STREET ADDRESS	200 BLOOR STREET EAST	
3.4 CITY-ST-ZIP	TORONTO, ON M4W 1E5	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JULIA ANNE GOATLEY	
4.3 STREET ADDRESS	200 BLOOR STREET EAST	
4.4 CITY-ST-ZIP	TORONTO, ON M4W 1E5	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)