

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 846539 (5)**  
 1. Corporation Name  
**CAPITOL BANKERS LIFE INSURANCE COMPANY**

Principal Place of Business <b>200 BLOOR STREET EAST                  TORONTO ON M4W1E                  US</b>	Mailing Address <b>P.O. BOX 600                  BUFFALO NY 14201-0600                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/22/1980</b>	
21	22	26	27	4. FEI Number <b>41-0680965</b>	
Suite, Apt. #, etc		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. 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	

9. Name and Address of Current Registered Agent <b>FLORIDA STATE INSURANCE COMMISSIONER                  THE CAPITOL BUILDING                  TALLAHASSEE FL 32301</b>				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	<b>VS</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSEN, STEPHEN L</b>	1.2 NAME	
STREET ADDRESS	<b>200 BLOOR STREET EAST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO ON</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCEO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATZEL, JOHN L</b>	2.2 NAME	
STREET ADDRESS	<b>810 MORNINGSIDE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELM GROVE WI 53122</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHISON, PETER S.</b>	3.2 NAME	
STREET ADDRESS	<b>83 RUMSEY RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO ONTARIO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTLER, JOHN R</b>	4.2 NAME	
STREET ADDRESS	<b>200 BLOOR STREET EAST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TORONTO ON</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)