

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90161 006 ***150.00

DOCUMENT # 846539

1. Entity Name

CAPITOL BANKERS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

939 HIGH RIDGE RD
 STAMFORD CT 06905
 US

939 HIGH RIDGE RD
 STAMFORD CT 06905-1609
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0880965

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

711645



DO NOT WRITE IN THIS SPACE

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

FL

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 reinstating)

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, 2000 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	CCD	<input type="checkbox"/> Delete
NAME	DUBOIS, JACQUES E	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BEISENHERZ, ROBERET L	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STROUP, CHRIS C	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VGSD	<input type="checkbox"/> Delete
NAME	WILSON, W. WELDON	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUBOSE, III, JOHN W	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BULTHAUP, ROBERT M	
STREET ADDRESS	969 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT 06905	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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:

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

2-1-00

Date

203-321-3000

Daytime Phone #