

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

3. Mailing Address
280 Turnbull St 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
FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BRYANT President & Director</i> <i>For the state, BRYANT</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 DEER BECK, 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 & Treasurer & 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 & 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

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]* **4/16/01** **(860) 256-2130**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)