

EXHIBIT 11

04/03/88 FRI 10:23 FAX 1 312 810 0773

S.T.P.

002

03/30/88 11:22 312 810 0780

SIP ENTERPRISES

002

MAR 27 '98 01:45PM LIBERTY INSURANCE SERVICES

P.2

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 10191
Greenville, South Carolina 29603-0191
864-609-2142 • 800-321-0003 • FAX: 864-609-4006

REQUEST LETTER

Use this form to: change address, premium mode, name, beneficiary, or owner; request duplication policy, surrender, or non-foreclosure option; effect release of interest.

Instructions

- a. A separate request form must be completed for each policy.
- b. Please print or type all information except signatures.
- c. If applicable, the term "insured" also means "annuitant," and the term "policy" also means "contract."

Required Signatures

- a. Owner must sign ALL requests.
- b. If policy is collectively assigned, assignees must sign if request number 8 is made.
- c. If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
- d. If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- e. If owner is a partnership, each partner must sign if request number 6 or 7 is made.
- f. If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation's board of directors must be attached to this form if request number 6 or 7 is made.
- g. "Witness Signatures" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674

- 1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.
 - 2. ADDRESS CHANGE (Other than Owner).
 For: Insured Assignee Payor (Billing Address) Other
 New Address: _____
Number and Street City State Zip Code
 - 3. MODE OF PREMIUM PAYMENT CHANGE
 Change Mode to: Annual Semi-Annual Quarterly Pre-Authorized Check (attach complete authorization form and voided check)
 NOTE: One of the premium due dates of the new mode must be a policy anniversary.
 - 4. BENEFICIARY CHANGE
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.
- | FULL NAME OF BENEFICIARY | RELATIONSHIP | % OF PROCEEDS |
|--------------------------|--------------|---------------|
| PRIMARY _____ | _____ | _____ |
| CONTINGENT _____ | _____ | _____ |
- Notes: If beneficiary is being changed to a trust, give date of Trust Agreement: _____

- 5. NAME CHANGE FOR: Insured Owner
 From _____ to _____
(Print old name) (Print new name)
 Reason for change: Marriage Divorce Other: _____
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")
- 6. OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:
 New Owner: Simon Bernstein Soc. Sec./Tax I.D. No. _____
 Mailing Address: 1029 Lion's Head BCA Redon IL 33496
Number and Street City State Zip Code

2-3 (11-84) 0161



April 3, 1998

Capitol Bankers Life Insurance Company 800-825-0003
Box 19191 FAX 864-809-4005
Greenville, SC 29602-9191

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

RE: SIMON BERNSTEIN
Policy #1009208

Dear SIMON BERNSTEIN

The executed ownership change for the above mentioned policy
is as follows:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

DONNA HADLEY
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

JCK000563