



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX. 803-292-4005

July 6, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$201.96
Total Gross Loan	\$5,341.01

Total Outstanding Loan Balance to 27JUL1995: \$10,786.52

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000616

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

*cancel
07-6-95*

June 30, 1995

Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Dear Ms. Powell: Re: Policy 1009208 Simon Bernstein

Enclosed is a bill for the currently due premium of \$5,139.05. Please pay the monthly premium due the above numbered policy from 6/27/95 to 7/27/95. If the cash value is insufficient and additional money is required, please let me know immediately. Also, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

cc: Pam Simon

no check

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-327-3142 • 800-825-0005
 Box 1919 Greenville, SC 29602-9191 FAX 803-327-4005
 Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANCY KAPSA
 600 W. JACKSON BLVD. SUITE 200
 CHICAGO, IL 60605

0000735

0071	06/01/95
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: April Policies will lapse if payment not received by 06/01/95.						5,139.05
1009208	SIMON BERNSTEIN	01	05/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: May If payment has been made, please disregard this notice.						5,139.05
1009208	SIMON BERNSTEIN	01	06/95	5,139.05		5,139.05
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,139.05

** TOTAL AMOUNT DUE ** 15,417.15

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191



Capitol Bankers Life Insurance Company 803-322-3142 + 800-825-0003
Box 18191 FAX: 803-292-4005
Greenville, SC 29602-9191

April 17, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to April 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$306.46
Total Gross Loan	\$5,445.51

Total Outstanding Loan Balance to 27APR1995: \$5,445.51

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000619

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

April 11, 1995

Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 3/27/95 in the amount of \$5,139.05 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know immediately. Please also send us confirmation of the transaction.

If you have any questions, please let me know.

Sincerely,


Judy Levin

Enclosure(s)

JCK000620



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

December 5, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to December 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$29.18
Total Gross Loan	\$4,632.43

Total Outstanding Loan Balance to 27DEC1994: \$52,881.46

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000621

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

AB DEC 05 1994

November 29, 1994

Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 11/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,


Judith Levin

PPDC -
12/5 am

Enclosure (s)



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

October 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,603.25 which was due Oct 27, 1994, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to NOV 27, 1994:	
Net Loan	\$4,603.25
Interest	\$59.53
Gross Loan	\$4,662.78
Other Outstanding Loans	\$43,586.25
Total Loan Balance as of 12/27/94	\$48,249.03

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000623



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

October 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$59.53
Total Gross Loan	\$4,662.78

Total Outstanding Loan Balance to 27NOV1994: \$48,249.03

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000624

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

10/25/94
Process on
10/25/94

October 21, 1994

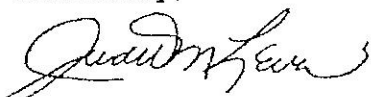
Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 10/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,



Judith Levin

Enclosure(s)



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-8191

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071	11/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	CODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	10/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: October If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	11/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						9,206.50
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1994

INSURED:
 POLICY OWNER:

SIMON BERNSTEIN
 LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0600735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$5,139.05

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

CURRENT STATUS FOR YEAR ENDING DEC 27, 1994
 GUARANTEED FOR YEAR ENDING DEC 27, 1995

CURRENT RATE BASIS INTEREST	7.25%	
SUM INSURED	\$1,786,919	\$1,743,333
CASH VALUE - START OF YEAR	\$21,502.79	\$11,724.07
ADD: TOTAL PREMIUMS FOR YEAR	\$55,239.00	\$61,668.60
	\$4,804.49	\$4,024.37
DEDUCT: MORTALITY CHARGE	\$15,467.38	\$17,481.24
EXPENSE CHARGE	\$10,768.58	\$11,798.09
POLICY LOAN	\$43,586.25	\$0.00
NET CASH VALUE - END OF YEAR	\$11,724.07	\$48,137.71

ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION: \$58,726.99

LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,743,333:
 OPTION A - CURRENT RATE BASIS \$58,726.99
 OPTION B - GUARANTEED RATE BASIS \$86,310.51

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1995.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-U3154

SIMON BERNSTEIN
MALE AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,743,333
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)		CURRENT BASIS AFTER YEAR 13					
POL YR	ATT AGE	SUM INSURD	ANNUAL PREMIUM	SUM INSURD	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1743333	58726.99	1743333	89039.08	47202	38319
	72	1743333	58726.99	1743333	89039.08	43263	607906
	60	1743333	58726.99	1743333	89039.08	36414	48138
	65	1743333	58726.99	1743333	89039.08	47902	288323
	70	1743333	58726.99	1743333	89039.08	44969	520568
	75	1743333	58726.99	1743333	89039.08	41780	734428

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 12	
10 YEARS	20 YEARS	10 YEARS	20 YEARS
30.47	26.94	43.92	40.59
30.47	31.60	43.92	46.44

SURRENDER COST INDEX
NET PAYMENT INDEX

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 6.50% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE C REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
BOX 19191
GREENVILLE, SC 29602
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....PAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 05, 1994

PAGE 1 OF 2

1009208

CURRENT VALDE LIFE

ILLUSTRATION NO. OP-03154

STATEMENT OF POLICY COST AND BENEFIT INFORMATION AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			CURRENT VALUES (GUARANTEED BASIS AFTER YEAR 13)			GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 13)		
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE
12	59	1786919	52603.58	-9779	1786919	52603.58	-9779	1786919	52603.58	-9779
13	60	1743333	58726.99	36414	1743333	58726.99	36414	1743333	58726.99	36414
14	61	1743333	58726.99	36738	1743333	58726.99	36738	1743333	58726.99	36738
15	62	1743333	58726.99	37114	1743333	58726.99	37114	1743333	58726.99	37114
16	63	1743333	58726.99	36846	1743333	58726.99	36846	1743333	58726.99	36846
17	64	1743333	58726.99	36813	1743333	58726.99	36813	1743333	58726.99	36813
18	65	1743333	58726.99	36490	1743333	58726.99	36490	1743333	58726.99	36490
19	66	1743333	58726.99	36952	1743333	58726.99	36952	1743333	58726.99	36952
20	67	1743333	58726.99	37178	1743333	58726.99	37178	1743333	58726.99	37178
21	68	1743333	58726.99	37439	1743333	58726.99	37439	1743333	58726.99	37439
22	69	1743333	58726.99	37736	1743333	58726.99	37736	1743333	58726.99	37736
23	70	1743333	58726.99	38281	1743333	58726.99	38281	1743333	58726.99	38281
24	71	1743333	58726.99	38697	1743333	58726.99	38697	1743333	58726.99	38697
25	72	1743333	58726.99	38254	1743333	58726.99	38254	1743333	58726.99	38254
26	73	1743333	58726.99	37439	1743333	58726.99	37439	1743333	58726.99	37439
27	74	1743333	58726.99	37736	1743333	58726.99	37736	1743333	58726.99	37736
28	75	1743333	58726.99	38281	1743333	58726.99	38281	1743333	58726.99	38281
29	76	1743333	58726.99	38697	1743333	58726.99	38697	1743333	58726.99	38697
30	77	1743333	58726.99	38254	1743333	58726.99	38254	1743333	58726.99	38254
31	78	1743333	58726.99	342906	1743333	58726.99	342906	1743333	58726.99	342906
32	79	1743333	58726.99	380643	1743333	58726.99	380643	1743333	58726.99	380643
33	80	1743333	58726.99	418923	1743333	58726.99	418923	1743333	58726.99	418923
34	81	1743333	58726.99	457820	1743333	58726.99	457820	1743333	58726.99	457820
35	82	1743333	58726.99	691201	1743333	58726.99	691201	1743333	58726.99	691201
36	83	1743333	58726.99	871529	1743333	58726.99	871529	1743333	58726.99	871529
37	84	1743333	58726.99	1034120	1743333	58726.99	1034120	1743333	58726.99	1034120
38	85	1743333	58726.99	1139589	1743333	58726.99	1139589	1743333	58726.99	1139589
39	86	1743333	58726.99	1139589	1743333	58726.99	1139589	1743333	58726.99	1139589
40	87	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
41	88	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
42	89	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
43	90	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
44	91	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
45	92	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
46	93	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
47	94	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
48	95	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
49	96	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
50	97	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
51	98	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
52	99	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275
53	100	1743333	58726.99	156275	1743333	58726.99	156275	1743333	58726.99	156275

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE
RUB COMPLETION DATE: OCT 05, 1994 at 23:46 PM. STATUS: USED1
AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEBRA Endorsement: C, Pricing Basis: Standard.
PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).
FIAT EXTRA CHARGES: None Specified.
BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.
BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.
PLAN OPTIONS SELECTED: None. TARGET RATE BASIS: Current Basis.
CASH VALUE OBJECTIVE: None. INTERMED. INTEREST: None
EXTRA VALUE: Increase Cash values.

IMPORCE Information for Policy #1009208 years in Force: 13
 Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
 Premium Mode: NON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A. 6661
 Address: AS SUCCESSOR TRUSTEE City: CHICAGO

Ledger Data stored Under User: LORR Ledger Record # 03154
 Ledger Check Data: (MUST MATCH Data Found on this Ledger Record) V5726
 Primary Insured: Age 47; Sex M; Smoker N; State IL; Subs. Catg. O.O; Defra: 0
 Plat Extra: None Specified. Name: SIMON BERNSTEIN

M.P. Rider: Not Selected.
 ADB Rider: Not Selected.
 Spouse Rider: Not Selected.
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
 Basic Benefit: \$1,743.333 Basic Premium: \$58,726.99
 Init. Cash Value: \$11,724.07 Basic Cash Value: \$48,137.71
 Pour-in Premium: \$0.00 Pour-in Cash Value: \$0.00
 Total of Premiums: \$488,718.31 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
 Total Sum Insured: \$1,743.333 Total Premium: \$58,726.99
 Total Cash Value: \$84,873.29 Scheduled Payout: \$0.00

Rating Basis Code: 9441, Interest: 6.50% Current Mortality Table #: S3531
 Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: I2001
 Basic Premium: 12.1000 per \$1000 (plus 35.00 policy fee)
 PILED Expense Factors: Kk: 0.400, Kk: 0.925, Ri: 0.600
 VARIABLE Expense Factors, as of the END of this year:
 Minimum Basic Premium (Ptl): 58726.981539; Net-Gross: Ks: 0.8491921902
 Second Level Breakpt. (Gtl): 90634.739290; Net-Gross: Kg: 0.8474242130
 Maximum Expense Allowance: 1853.360395 (Limits Pt*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
 Mortality Cost per \$1000, First Year (Qx1): 1.3968000
 Paid-Up Cash Value per \$1000, End 1st Yr. (Ax1): 89.4624635
 Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
 Mortality Cost per \$1000, During Year (Qx): 10.3000000
 Paid-Up Cash Value per \$1000, End Year (Ax): 337.9286766
 Discounted Value, Life Annuity of \$1.00 (ax): 10.84778339

Values Computed for Current Year to Define Target Objective:
 Target Cash Value: 48137.7041 49870.4941
 Extra Value Amount: 0.00 Added Benefit Amount: -256667.48

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: OCT 5, 1994

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	58726.99	4.00	2349.08
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	58726.99		2349.08



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

September 12, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$89.08
Total Gross Loan	\$4,692.33

Total Outstanding Loan Balance to 27OCT1994: \$43,586.25

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000633

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

AB SEP 12 1994

September 7, 1994

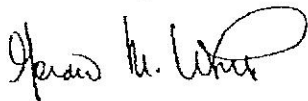
Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 9/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,


Gerald M. White

APL - PDOC - 9/12
A.M.

Enclosure(s)



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

August 3, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO , IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to August 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$150.76
Total Gross Loan	\$4,754.01

Total Outstanding Loan Balance to 27AUG1994: \$38,893.92

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life
Family of Companies

JCK000635



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

June 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$180.90
Total Gross Loan	\$4,784.15

Total Outstanding Loan Balance to 27JUL1994: \$34,139.91

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000636



S.B. Lexington, Inc.

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0014 · FAX (312) 993-0485

June 21, 1994

Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

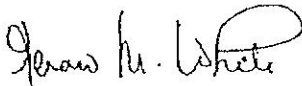
Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 5/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 6/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,



Gerald M. White

Enclosure(s)

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000637

Capitol Bankers Life

Capitol Bankers Life Insurance Company Box 19191 Greenville, SC 29602-9191
 803-322-3142 • 800-825-0003
 FAX: 803-292-4005
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071	07/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	06/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: June If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	07/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						9,206.50
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
BARE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE - P.O. BOX 19191 GREENVILLE, SC 29602-9191						

PA-80000

ORIGINAL - Your Copy

DUPLICATE - Return With Remittance -

1/90

JCK000638



Capitol Bankers Life

Capitol Bankers Life, Service Center
1075 18th St.
Greenville, South Carolina 29602-9191

800 875-0003
FAX 803-269-1005

Capitol Bankers Life Service Center

Please deliver the following 2 (Including transmittal) pages to:

Name(s): Richard Davidson Fax Number _____

From: Jennifer Lawson

Date/Time: 6-2-94

If you do not receive all pages, please call 800-825-0003

Extension: _____

Additional Comments:

Enclosed is the information you requested. Call me if you have any questions.

Jennifer

A member of the North American Life Assurance Company
Family of Companies

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 13191
Greenville, South Carolina 29602-9191
803-322-3142 • 800-825-0003 • FAX: 803-292-4005

Date: June 02, 1994

To: Richard Dawidowicz

Policy No.: 1009208
Insured: Simon Bernstein
Owner:
Assignee:

Speedy Reply to Service Request

In order to provide a quick response to your request for service or information, we are sending you the following:

Information Requested

- Cash value \$ _____ as of _____
- Account value \$ _____ as of _____
- Outstanding loan \$ _____ as of _____
- Loan amt. available \$ _____ as of _____
- Current face amount \$ _____
- Premiums are paid to _____

Requested Documents Enclosed

- Payment history
- Copy of Policy Assignment
- Illustration(s)
- Annual Report
- Certificate of Coverage
- Duplicate policy
- Endorsement

- Beneficiary First Arlington National Bank Trustee of S.B. _____
- Owner Lexington, Inc. Employee Death Benefit Trust. Disclosure Statement required to add the Living Benefits Rider
- Policy Riders _____
- Other Owner-Lasalle National Trust, N.A. as successor Trustee

Forms Enclosed for Completion

Please complete the enclosed form(s) and return to us to process your request. Note that these forms must be signed by the policyowner and any assignee.

- Application Amendment of application Collateral Assignment
- Request Letter for:
 - Address change Name change Policy loan
 - Premium mode change Ownership change Policy surrender (please allow 3 - 4 weeks)
 - Beneficiary change Duplicate policy (enclose \$10 fee) _____
- Request for Preauthorized Transfer of Funds - please enclose a voided check also

Remarks _____

Rep. Jennifer Lawson

Ext. 4152



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

April 29, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$5,065.22 which was due Feb 27, 1996, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to MAR 27, 1996:	
Net Loan	\$5,065.22
Interest	\$333.81
Gross Loan	\$5,399.03
Other Outstanding Loans	\$10,904.40
Total Loan Balance as of 12/27/96	\$16,303.43

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000641

Feb 29 = 68 days

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

January 23, 1996

Kimberly Powell
Capitol Bankers Life
2000 Wade Hampton Blvd.
Greenville, NC 29615

Re: Simon Bernstein
Policy # 1009208

Dear Ms. Powell:

Enclosed is a bill for the 12/27/95 - 1/27/96 monthly premium currently due in the amount of \$5,065.22. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, contact me immediately.

Additionally, we would like confirmation of this transaction. You can fax it to me at 312-993-0051.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

TV JAN 25 1996

JCK000642



Capitol Bankers Life

Handwritten signature

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071	02/01/96
GROUP NO.	Date Due

Policy No.	Name	Age	Term	Rate	Group Life Premium	Total
1009208	SIMON BERNSTEIN	01	12/95	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: December Policies will lapse if payment not received by 02/01/96.						5,065.22
1009208	SIMON BERNSTEIN	01	01/96	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: January If payment has been made, please disregard this notice.						5,065.22
1009208	SIMON BERNSTEIN	01	02/96	5,065.22		5,065.22
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,065.22

** TOTAL AMOUNT DUE **

15,195.66

TV JAN 25 1996

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
P.O. BOX 19191
GREENVILLE, SC 29602-9191

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX


May 23, 1994

Ms. Jeannie Lynch
CAPITAL BANKERS LIFE
P.O. BOX 19191
GREENVILLE, S.C. 29602

Dear Ms. Lynch:

Please accept this letter as my permission to release any and all information regarding my life insurance policies with Capital Banker's Life to Pamela B. Simon or any of her office staff.

Sincerely,


Simon Bernstein

1009208

S.B. LEXINGTON, INC.
600 WEST JACKSON BLVD.
SUITE 800
CHICAGO, IL 60661
312-993-0485 FAX

DATE: 5-25-94
TO: JEANNIE Lynch
FROM: RICHARD DAWIDOWICZ

THIS TRANSMISSION CONSISTS OF 2 PAGES INCLUDING COVER PAGE

RE: AUTHORIZATION FROM CLIENT
FOR RELEASE OF INFORMATION

COMMENTS: PLEASE Accept the enclosed
client authorization
for release of his policy
information to our Agency,
headed by his daughter Pamela Simon

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. OUR NUMBER IS:
312-993-0014



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

May 16, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to June 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$212.24
Total Gross Loan	\$4,815.49

Total Outstanding Loan Balance to 27JUN1994: \$29,355.76

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANTHEA OWENS
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies

JCK000646



National Service Association

600 WEST JACKSON BLVD · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0537

AB MAY 16 1994

May 9, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

5/16 ✓
TAPC - paid 6/94
PPOC.

Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 3/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 4/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

Gerald M. White

Enclosure(s)



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S J LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 800 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071	06/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: April Policies will lapse if payment not received by 06/01/94.						4,603.25
1009208	SIMON BERNSTEIN	01	05/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: May If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	06/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						13,809.75

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 # 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

April 5, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/C NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to April 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$274.51
Total Gross Loan	\$4,877.76

Total Outstanding Loan Balance to 27APR1994: \$19,694.25

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANTHEA OWENS
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies

JCK000649



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

00C0735

0071	C4/C1/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCLNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	02/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: February Policies will lapse if payment not received by 04/01/94.						4,603.25
1009208	SIMON BERNSTEIN	01	03/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: March If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	04/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						13,809.75
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-4191						



S.B. Lexington, Inc.

600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60661 (312) 993-0014 FAX (312) 993-0485

4/4/94

March 29, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 2/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 3/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

Gerald M. White

✓ comp'd 4/5
✓ PDOC od'd 4/5

Enclosure(s)

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000651



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

May 12, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to May 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$242.77
Total Gross Loan	\$4,846.02

Total Outstanding Loan Balance to 27MAY1994: \$24,540.27

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have a questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

JEANNIE LYNCH
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies

JCK000652



National Service Association

600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL 60661 - (312) 993-0537

May 9, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 3/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 4/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

Gerald M. White

Enclosure(2)

05/12/94

15:04

312 993 0485

SB LEXINGTON

001

S.T.P. ENTERPRISES, INC.
600 WEST JACKSON BLVD.
SUITE 800
CHICAGO, IL 60661

DATE: 5/12/94
TO: ANPHEA OWENS
FROM: GERALD WHITE

THIS TRANSMISSION CONSISTS OF 2 PAGES INCLUDING COVER PAGE

RE: SIMON BERNSTEIN
POLICY 1009208

COMMENTS: _____

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION.
OUR TELEPHONE NUMBER IS (312) 993-0051
OUR FAX NUMBER IS (312) 993-0485

JCK000654



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

March 17, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to March 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$303.37
Total Gross Loan	\$4,906.62

Total Outstanding Loan Balance to 27MAR1994: \$14,816.49

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies

JCK000655

PHONE CALL/MEETING RECORD FOR CAPITOL BANKERS LIFE

DATE: 3/14/94
TIME: _____

CONTACT NAME: Gordon White
COMPANY: _____
PHONE #: (312)-993-0014

SUBJECT: #1009208

Summary of Conversation/Meeting: Wants to Apl →
for premium due.

made 21, 94

Comments and Follow Through: _____

DATE: _____ SIGNATURE: _____



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0083
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

February 7, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
500 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to February 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.29
Interest	\$335.51
Total Gross Loan	\$4,938.76

Total Outstanding Loan Balance to 27FEB1994: \$9,909.87

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0083.

Sincerely,
Capitol Bankers Life Insurance Company

ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735



A member of the North American Life Assurance Company
Family of Companies

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191



S.B. LEXINGTON, INC.

National Service Association
600 WEST JACKSON R.V.D. SUITE 800 CHICAGO, ILLINOIS 60604-1000

DATE: February 4, 1994

TO: Angela Caldwell CAPITOL BANKERS LIFE

FROM: Gerald White

SUBJECT: Si Bernstein
Policy 1009208

Dear Ms. Caldwell:

The above numbered policy is paid to 1/27/94. Please pay this MONTHLY premium by ADL from the value in the policy and send us a confirmation when done. If you have any questions, or if additional requirements are necessary, please let me know.

Sincerely,

Gerald M. White

Handwritten note: *2-5-94*

(312) 993-0337



Capitol Bankers Life

January 25, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/C NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 600
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to January 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$367.86
Total Gross Loan	\$4,971.11

Total Outstanding Loan Balance to 27JAN1994: \$4,971.11

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0C00735

~~10112338~~

Re: 1009208

~~James White~~ Simon Bernstein)

Richard Dawidowicz
S+B Lexington
600 W. Jackson Blvd
Ste 800
Chicago, IL 60661
312-993-0485

2 • 800-825-0003
-4005

AC JAN 25 1994

A member of the North American Life Assurance Company
Family of Companies

600 WEST JACKSON BLVD. SUITE 800
CHICAGO, IL 60661
(312) 993-0051
(312) 993-0485 FAX

S. T. P. ENTERPRISES, INC.

DATE: January 20, 1994

TO: Angela Caldwell, Capital Bankers Life

FROM: Gerald M. White, FLMI

SUBJECT: APL request for Simon Bernstein # 1009208

Please use this memo to authorize an APL of the December
1993 premium for the above referenced client and policy (copy
of premium invoice attached).

If there are any questions, please do not hesitate to
call me.

Gerald M. White

*AWP
27 Jan 1994*

JCK000660

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191

Please print your name and address
 in capital letters on the reverse
 side of this bill. This bill is
 subject to the terms and conditions
 of the policy and is not a non-
 forfeiture option.

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071	02/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/93	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				December	4,603.25
1009208	SIMON BERNSTEIN	01	01/94	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				January	4,603.25
1009208	SIMON BERNSTEIN	01	02/94	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *					4,603.25
** TOTAL AMOUNT DUE **						13,809.75

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191