

CAPITOL BANKERS LIFE
Box 19191
GREENVILLE, SC 29602-9191

Capitol Bankers Life Service Center

Please deliver the following 1 (Including transmittal) pages to:

Name(s): Richard Dawidowicz Fax Number 312-993-0485

From: Kimberley S. Powell

Date: 1/26/94

Time: 3:45 p.m.

If you do not receive all pages, please call Kimberley Powell

as soon as possible (803) 268 - ✓
(803) 292 - 4216
(803) 322 -

Additional Comments:

As of January the 26th, the paid to date on policy #1009208-Simon Bernstein,
is January 27th, 1994. If the premium is not paid after the grace period,
the Automatic Premium Loan provision will be activated.

Transmitted: _____ Time _____ (am) (pm) By: _____

Member of the Capitol Bankers Life Insurance Company
1994-01-26

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 800-825-0003
Box 18191 FAX: 803-292-1005
Greenville, SC 29602-9191

December 28, 1993

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 December 27, 1993 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,416.53
Interest	\$28.00
Total Gross Loan	\$4,444.53

Total Outstanding Loan Balance to 27DEC1993: \$32,224.51

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 in the state of Wisconsin, extension 409.

Sincerely,
Capitol Bankers Life Insurance Company

Angela Caldwell
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

JCK000663



S.B. Lexington, Inc.

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

*NEW? TO
DEC 27 93*

December 17, 1993

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

Dear Ms. Powell: Re: Policy 1009208 Simon Bernstein

The above numbered policy should be paid to 11/27/93 with a cash value of approximately \$18,788.00. We would like to pay the MONTHLY premium of \$4,416.53 due 11/27 by AUTOMATIC PREMIUM LOAN. Please process the premium payment and let me know when it is completed.

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

Sincerely,

Gerald M. White, FLMI

cc: Simon Bernstein

INSURANCE COUNSELORS WITH (IN-TEG-RITY)

JCK000664



September 27, 1993

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

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 900
CHICAGO, IL 60661

RE: ~~XXXXXXXXXXXX~~ 07208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,416.53 which was due Aug 27, 1993, 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 SEP 27, 1993:	
Net Loan	\$4,416.53
Interest	\$114.96
Gross Loan	\$4,531.49
Other Outstanding Loans	\$23,248.49
Total Loan Balance as of 12/27/93	\$27,779.98

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. You may reach me at ext. 4092.

Sincerely,

Terese Holfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone # (800)825-0003
40000735

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

JCK000665



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

August 3, 1993

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 August 27, 1993 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,416.53
Interest	\$144.65
Total Gross Loan	\$4,561.18

Total Outstanding Loan balance to 27AUG1993: \$23,248.49

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 in the state of Wisconsin, extension 409.

Sincerely,
Capitol Bankers Life Insurance Company

Angela Caldwell
ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

AC AUG 04 1993



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

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1993

INSURED:
POLICY OWNER:

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

ACT NUM: 0000735
AGENT : CAPITOL BANKERS LIFE INSURANCE C
PO BOX 2016
MILWAUKEE WI 53201-2016
PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
EACH PAYMENT: \$4,603.25

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

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

CURRENT STATUS FOR YEAR ENDING DEC 27, 1993	GUARANTEED FOR YEAR ENDING DEC 27, 1994
---	---

CURRENT RATE BASIS INTEREST	7.25%	
SUM INSURED	\$1,814,699	\$1,786,919
CASH VALUE - START OF YEAR	\$16,329.86	\$21,502.79
ADD: TOTAL PREMIUMS FOR YEAR	\$52,998.36	\$55,239.00
INTEREST CREDIT	\$ 4,288.77	\$ 4,804.49
DEDUCT: MORTALITY CHARGE	\$13,928.38	\$15,467.38
EXPENSE CHARGE	\$10,405.84	\$10,768.58
POLICY LOAN	\$27,779.98	\$ 0.00
NFT CASH VALUE - END OF YEAR	\$21,502.79	\$55,310.32

ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION: \$52,603.58

LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,786,919:
OPTION A - CURRENT RATE BASIS \$52,603.58
OPTION B - GUARANTEED RATE BASIS \$83,051.26

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, 1994.

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.

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, 1993

	GROSS	PCT	GEN. AGENT
	PREMIUM	RATE	COMMISSION
BASIC PREMIUM	52603.58	4.00	2104.14
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	52603.58		2104.14

1009208

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

ILLUSTRATION
NO. DP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,786,919
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			POL YR	SUM INSURED	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 12)		
		ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE			ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	52603.58	35603	333973	20	1786919	85886.01	46893	435652
AGE	60	52603.58	34221	89532	13	1786919	85886.01	47523	1028
AGE	65	52603.58	34733	263084	18	1786919	85886.01	47588	341444
AGE	70	52603.58	37003	443288	23	1786919	85886.01	44674	572168
AGE	75	52603.58	38315	633863	28	1786919	85886.01	41506	784626
AGE	80	52603.58	35705	819148	33	1786919	85886.01	37462	982451

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
10 YEARS 23.24
20 YEARS 28.22

GUARANTEED BASIS AFTER YEAR 11
10 YEARS 41.37
20 YEARS 41.98

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 7.25% 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 CO. REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P.O. BOX 2016 P.O. BOX 2016
MILWAUKEE, WI 53201-2016 MILWAUKEE, WISCONSIN AVE.
800-825-0003 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE *****FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 05, 1993

PAGE 1 OF 2

1009208

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

ILLUSTRATION
NO. OP-03154

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			POL YR	SUM INSURED	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 12)		
		ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE			ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
11	58	50469.60	5173	21503	11	1814699	50469.60	5173	21503
12	59	52603.58	33808	55310	12	1786919	52603.58	33808	55310
13	60	52603.58	34221	89532	13	1786919	52603.58	47523	102834
14	61	52603.58	34632	124163	14	1786919	52603.58	47685	150518
15	62	52603.58	35097	159261	15	1786919	52603.58	47784	198302
16	63	52603.58	34920	194180	16	1786919	52603.58	47808	246159
17	64	52603.58	34170	228351	17	1786919	52603.58	47746	293856
18	65	52603.58	34733	263084	18	1786919	52603.58	47588	341444
19	66	52603.58	35285	298369	19	1786919	52603.58	47315	388759
20	67	52603.58	35603	333973	20	1786919	52603.58	46893	435652
21	68	52603.58	35959	369931	21	1786919	52603.58	46305	481957
22	69	52603.58	36354	406285	22	1786919	52603.58	45537	527494
23	70	52603.58	37003	443288	23	1786919	52603.58	44674	572168
24	71	52603.58	37731	481018	24	1786919	52603.58	43787	615955
30	77	52603.58	37750	709739	30	1786919	52603.58	40611	866366
35	82	52603.58	34694	888900	35	1786919	52603.58	34590	1053081
40	87	52603.58	30398	1052199	40	1786919	52603.58	29575	1209159
45	92	52603.58	30409	1190277	45	1786919	52603.58	30233	13556478
50	97	52603.58	63551	1421478	50	1786919	52603.58	44794	1540166
53	100	52603.58	165268	1786971	53	1786937	52603.58	150004	17866937

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE
RUN COMPLETION DATE: OCT 05, 1993 at 03:38 AM. STATUS: USED L
AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEBRA Endorsement: 0, 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).
FLAT 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: TARGET RATE BASIS: Current Basis: None
CASH VALUE OBJECTIVE: None. INTERMED. INTEREST: None
EXTRA VALUE: Increase Cash Values.

INFO: Information for Policy #1009208 Years in Force: 12
 Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
 Premium Mode: MON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.
 Address: AS SUCCESSION TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LORE Ledger Record # 03154
 Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
 Primary Insured: Age 47, Sex M, Smoker State IL, Subs. Catg. 0.0, Defra: 0
 Flat Extra: None Specified. Name: SIMON BERNSTEIN

H-P Rider: Not Selected.
 AOB Rider: Not Selected.
 Spouse Rider: Not Selected.
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
 Basic Benefit: \$1,786,919 Basic Premium: \$52,603.58
 Init. Cash Value: \$21,502.79 Basic Cash Value: \$55,910.32
 Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
 Total of Premiums: \$429,991.32 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
 Total Sum Insured: \$1,786,919 Total Premium: \$52,603.58
 Total Cash Value: \$89,531.75 Scheduled Payout: \$ 0.00

Rating Basis Code: 9241, Interest: 7.25% Current Mortality Table #: S3531
 Guaranteed Mortality: U1001, Interest: 4.50% Extra Mortality Table #: X2001
 Basic Premium: 12,1000 per \$1000 (plus 35.00 Policy Fee).
 FIXED Expense Factors: KI: 0.400, KR: 0.380, KK: 0.925, KI: 0.600
 VARIABLE Expense Factors, as of the END of this year:
 Minimum Basic Premium (Ft): 52603.574489; Net-Gross: Ks: 0.8453876166
 Second Level Breakpt. (Gt): 84511.352240; Net-Gross: K9: 0.8474242130
 Maximum Expense Allowance: 18553.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
 Mortality Cost per \$1000, First Year (Qx): 1.3968000
 Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 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): 8.9200000
 Paid-Up Cash Value per \$1000, End Year (Ax): 291.7102554
 Discounted Value, Life Annuity of \$1.00 (ax): 10.47780346

Values Computed for Current Year to Define Target Objective:
 Target Cash Value: 55310.3100 Target Objective: 44470.4105
 Extra Value Amount: 0.00 Added Benefit Amount: -213081.23

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

803-322-3142 • 800-825-0003
FAX: 803-292-4005

June 1, 1993

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
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, 1993 by a premium loan.

The status of the loan is as follows:


Net Loan	\$4,416.53
Interest	\$203.63
Total Gross Loan	\$4,620.16

Total Outstanding Loan Balance to 27JUN1993: \$14,097.22

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 in the state of Wisconsin, extension 409.

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

JCK000673



National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO, IL 60606-4666

(312) 993-0537

DATE: May 3, 1993

TO: CAPITOL BANKERS LIFE Attn: Terri Holfert

FROM: Gerald White

AC MAY 10 1993

SUBJECT: S.B. Lexington, Inc./Si Bernstein
Policy 1009208

Dear Terri:

I hope you are enjoying the warmer environment of South Carolina. We wish you good luck and success.

The policy numbered above should be paid to 5/27/93. Please APL/pay by loan the MONTHLY premium due 5/27/93 in the amount of \$4,416.53 and confirm when done. I have enclosed a copy of your bill. You may want to change the address to show to my attention as Sandy Kapsa is no longer with the Company.

Sincerely,

Gerald M. White

*NEW PTO 27 JUN 93
NO endorsement req'd.
PROCES*

JCK000674

Capitol Bankers Life

**** REMINDER NOTICE ****

If Payment has been made,
please disregard this notice.

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-8191 FAX 803-292-4305

**GROUP LIFE INSURANCE
PLAN**

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

0000735

0071

05/01/93

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/93	4,416.53		4,416.53
* TOTAL GROUP LIFE PREMIUM PAST DUE *						4,416.53
					April	
1009208	SIMON BERNSTEIN	01	05/93	4,416.53		4,416.53
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,416.53
						<i>PAY BY APL OR LOAN</i>
						<i>JW</i>
** TOTAL AMOUNT DUE **						8,833.06

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

MAKE CHECKS PAYABLE TO:



Capitol Bankers Life

February 25, 1993

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

Capitol Bankers Life Insurance Company 414/277-6429 • 800-825-0003
205 East Wisconsin Avenue, PO Box 2016 Milwaukee, Wisconsin 53201-2016 FAX 414/277-7606

RE: Policy #1009708 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,416.53 which was due Feb 27, 1993, 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, 1993:	
Net Loan	\$4,416.53
Interest	\$291.06
Gross Loan	\$4,707.59
Other Outstanding Loans	\$4,769.47
Total Loan Balance as of 12/27/93	\$9,477.06

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. You may reach me at extension 303.

Sincerely,

Terese Holfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone # (800) 825-0003, 735

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

JCK000676

Record Of Telephone Call



Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 1919
Greenville, 29602-9191

Date 7-22-93

Name Donald White

From: Agent/Mgr
 Policy Owner

Address is correct
 Change address to: _____

For: Accounting
 Claims
 New Business
 POS

Telephone No. () _____

DOB _____ / _____ / _____

SS# _____ - _____ - _____

Policy concerned:

Policy No.	Status	Insured
<u>1009208</u>	<u>1</u>	<u>Susan Bernstein</u>
_____	_____	_____
_____	_____	_____

Request/Problem: process APL on policy above after
June 27th
for Gerald White
no credit
new PTD Aug 27, 93

Send forms for: CSV Policy Loan Beneficiary Change Reinstatement
 LPC PAC Card Insured Name Change _____
 Claimant Statement

Action taken: [Signature]

Date of Death _____ Suspend Bill Request Loan History Request Premium History

Person receiving call: _____

Agent # _____ Group # _____ PAC # _____
0093-17(R5-93)

INTEREST CHANGE
PHONE CONVERSATION LOG

CVL

Date 2-18-93 Time _____ Policy Number 11009008

Caller Jerry White Agent Insured Owner

Phone 312-993-0537 Service Representative Jeri

Comments: R wants APL processed to pay
the policy to 3-25-93

Follow-Up _____

Processing Completed By _____ Date _____

Capitol Bankers Life

December 31, 1992

Capitol Bankers Life Insurance Company 414 277-6449 • 200 925-0223
235 East Wisconsin Avenue PO Box 2010 FAX 414 277-7653
Milwaukee Wisconsin 53201-2010

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

RE: Policy #1009208 - SIMON BERASTAD

Dear Sir or Madam:

To date we have not received the premium payment of \$4,410.53 which was due Dec 27, 1992, 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 JAN 27, 1993:	
Net Loan	\$4,410.53
Interest	852.94
Gross Loan	\$4,769.47
Other Outstanding Loans	0.00
Total Loan Balance as of 12/27/93	\$4,769.47

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 1-800-825-0033. You may reach me at extension 363.

Sincerely,

Terese Holbert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- telephone # (800)825-0033
#0000735

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

JCK000679



(312) 993-0537

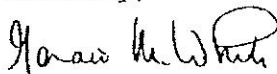
National Service Association
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606-1000

DATE: December 24, 1992
TO: Capitol Bankers Life
FROM: Gerald White

SUBJECT: Simon Bernstein
Policy 1009208

Enclosed is form signed by an officer of the bank, as owner/assignee.
Please pay the premium due 12/27/92(monthly) by loan.

Sincerely,


Gerald White

DEC 20 1992

JCK000680

Capitol Bankers Life
 CAPITOL BANKERS LIFE INSURANCE COMPANY
 CAPITOL BANKERS LIFE BUILDING
 205 East Wisconsin Avenue, P.O. Box 2016
 Milwaukee, Wisconsin 53201-0216
 414/272-9228 A90 516 1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
 (is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

 (New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due 12/27/92

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____

(Print old name)

to _____

(Print new name)

State reason for change _____

If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder"

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiary (Give full name, age, and relationship to Insured)

Primary (If age of death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent _____

Date 12-24-92

Personal Signature of Old Owner, if Ownership Change

Barbara D. Malachy, Trust Officer

Agent _____

Date _____

Personal Signature of Policyholder (Owner)

Capitol Bankers Life

DECEMBER 2, 1992

Capitol Bankers Life Insurance Company 414-777-9447 • 800-825-0000
205 East Wisconsin Avenue, PO Box 2216 FAX 414-277-7825
Wauwatosa, Wisconsin 53221-2016

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

Re: Policy #1009725 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,512.33 which was due Nov 27, 1992, 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 DEC 27, 1992:	
Net Loan	\$4,512.33
Interest	525.37
Gross Loan	\$4,927.70
Other Outstanding Loans	25,250.40
Total Loan Balance as of 12/27/92	\$29,284.10

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 1-800-825-0000. You may reach me at extension 303.

Sincerely,

Barbara Wolfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone 1-800-825-0000
414-777-9447

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

JCK000682



National Service Association

600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL ~~60606~~ (312) 993-0537
60606

October 30, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein/1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein's Capitol Bankers Life policy #1009208 to cover the 11/27/92-12/27/92 monthly.

Please send me confirmation when the APL has been processed.

Sincerely,


Sandy Kapsa

Enclosure

NOV 2 1992

JCK000683

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BLDG. DING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee Wisconsin 53201 9257
414/277-9998 800/554-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above policy for the 11/27/92-12/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed.)

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change

Agent _____

Date _____

Simon Bernstein
Personal Signature of Policyholder (Owner)

PH51 (11-79)

NOV 2 1992

JCK000684



Capitol Bankers Life Insurance Company
100 W. Jackson Blvd., Suite 800
Chicago, Illinois 60661

September 1, 1992

LaSalle National Trust, N.A.
as Successor Trustee
c/o National Service Association
600 W. Jackson Blvd., Suite 800
Chicago, IL 60661

Dear Sir/Madam:

Re: Policy #1009208 - Simon Bernstein

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1992, by a premium loan.

The status of the loan is as follows:

Net Loan for Premium Due 7/92:	\$4,002.33	Net Loan for Premium Due 8/92:	\$4,002.33
Interest:	\$131.08	Interest:	104.18
Total Gross Loan:	\$4,133.41	Total Gross Loan:	4,106.51

Total Outstanding Loan Balance to September 27, 1992: \$25,256.40

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.

The September 27, 1992, premium loan will be completed as of the date due. Confirmation will be submitted at that time.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003, extension 375.

Sincerely,

Karen A. Bender
KAREN A. BENDER
Billing Service Department

hp

Member of the North American Life Assurance Company
Family Companies

JCK000685

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
255 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201 9757
414/277-9998 800/558-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above mentioned policy for the 7/27/92-
Make the Automatic Premium Loan provision effective, if provided in the policy 9/27/92 monthlies.

PAID-UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____	Date _____	Personal Signature of Old Owner, if Ownership Change _____
Agent _____	Date _____	Personal Signature of Policyholder (Owner) <u>Simon Bernstein</u>



National Service Association

600 WEST JACKSON BLVD • SUITE 800 • CHICAGO, IL. ~~60606~~ (312) 993-0537

60606

August 21, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to APL his policy for the 7/27/92-9/27/92 monthlies.

Please process this request and send me confirmation when all is completed.

Thanks!

Sandy Kapsa

Enclosure

AUG 24 1992

JCK000687



National Service Association

600 WEST JACKSON BLVD. • SUITE 800 • CHICAGO, IL ~~60606~~ (312) 993-0537
60601

June 5, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Change of Trustees
Simon Bernstein #1009208

Dear Terri:

Enclosed are copies of the removal of First of America Trust Company as trustee, and the appointing of the LaSalle National Trust, N.A. as Successor Trustee for Simon Bernstein/S.B. Lexington, Inc. policy at Capitol Bankers Life Insurance Company.

Please change all records to show LaSalle National Trust, N.A. as Trustee for the above policy.

I have also enclosed a letter from LaSalle National Trust, N.A. accepting the above cases.

If you need any additional information, please let me know.

Sincerely yours,


Sandy Kapsa

Enclosure(s)

JUN 09 1992

JCK000688



National Service Association

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

April 16, 1992

Sheldon Simon
S&S Bag & Burlap Company
1024 West Kinzie
Chicago, IL 60622

Dear Mr. Simon:

Please sign below to formally remove First of America Trust Company as Trustee and to approve LaSalle National Bank as Successor Trustee.

Please fax immediately to: Sandy Kapsa
National Service Association
600 W. Jackson Boulevard, Suite 800
Chicago, IL 60661

Ms. Marjorie Mueller
First of America Trust Company
120 W. State St., P.O. Box 1628
Rockford, IL 61110-0128

Re: S&S Bag & Burlap Company

Dear Ms. Mueller:

This serves as notification to remove First of America Trust Company as our Trustee. The LaSalle National Bank is the Successor Trustee. Please release our complete file and assets to:

LaSalle National Trust, N.A.
135 S. LaSalle Street
4th Floor
Chicago, IL 60603
Attention: Mr. William Kursar

Sincerely,

Title:
S&S Bag & Burlap Company



Capitol Bankers Life Insurance Company 414-277-9449 • 800-825-5303
255 East Wisconsin Avenue, P.O. Box 2016 FAX: 414-277-7626
Milwaukee, Wisconsin 53201-2016

June 17, 1992

Simon Bernstein
620 Sheridan Road
Glencoe, IL 60022

Dear Mr. Bernstein:

Re: Policy #1009208

The enclosed ownership change for the policy referenced above is as follows:

Lasalle National Trust, N.A. as Successor Trustee
c/o National Service Association
600 West Jackson Boulevard, Suite 800
Chicago, IL 60661

Capitol Bankers Life Insurance Company is happy to be of service to you. If I can be of any further assistance, please feel free to contact me at extension 564.

Sincerely,


Kathy H. Cambridge
Policy Services Department

tlf
Enc.

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

JCK000690



Capitol Bankers Life

May 28, 1992

Capitol Bankers Life Insurance Company 414-277-9449 • 800-575-0033
205 East Wisconsin Avenue, P.O. Box 2016 FAX 414-277-7630
Milwaukee, Wisconsin 53201-2016

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

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, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,002.33
Interest	\$184.53
Total Gross Loan	\$4,186.86

Total Outstanding Loan Balance to 27JUN1992: \$17,016.48

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 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 375.

Sincerely,
Capitol Bankers Life Insurance Company

KAREN A. BENDER
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

Capitol Bankers Life Insurance Company
Member of Companies

JCK000691



(312) 993-0537

National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO, IL ~~60601~~ 60601

DATE: May 21, 1992
TO: Terri Holfert
FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to APL his policy for the 6/27/92-7/27/92 monthly.

see request
Please process this request and notify me when the request has been completed. *5-92 6-92*

Sincerely yours,

Sandy Kapsa

Enclosure

JCK000692

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL policy #1009208 for the 5/27/92-6/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

MAY 26 1992

Agent _____ Date _____

Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change

Simon Bernstein
Personal Signature of Policyholder (Owner) *TRUS*

07/31/79

JCK000693

Capitol Bankers Life

Capitol Bankers Life Insurance Company 414 277-6449 • 800-825-6003
205 East Wisconsin Avenue, P.O. Box 7076
Milwaukee, Wisconsin 53221-2076 FAX: 414 277 7606

April 13, 1992

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

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, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,032.33
Interest	\$211.08
Total Gross Loan	\$4,243.41

Total Outstanding Loan Balance to 27MAY1992: \$12,829.62

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 1-800-558-1011 or 1-800-2*2-1002 in the state of Wisconsin, extension 375.

Sincerely,
Capitol Bankers Life Insurance Company

KAREN A. BRADER
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

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

JCK000694

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-0998 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above policy for the 4/27/92-5/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____

Date _____

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee

By: Marcia Maseo

Personal Signature of Policyholder (Owner)

Vice President and Trust Officer

PHS1 (1-79)

APR 13 1992

JCK000695



National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL. ~~60604~~ (312) 993-0537

60601

April 7, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to pay his policy for the 4/27/92-5/27/92 monthly.

Please process this request and send me confirmation when the request has been completed.

Sincerely yours,

Sandy Kapsa

Enclosure

APR 13 1992

Capitol Bankers Life

Capitol Bankers Life Insurance Company, 414 277 6000 • 800-825-0000
205 East Wisconsin Avenue, PO Box 2010, FAX: 414 277-7806
Milwaukee, Wisconsin 53201-2010

January 29, 1992

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERNSTEIN
Policy #1009203

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to February 27, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,302.33
Interest	\$291.71
Total Gross Loan	\$4,294.04

Total Outstanding Loan Balance to 27FEB1992: \$8,616.21

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 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 375.

Sincerely,
Capitol Bankers Life Insurance Company

KAREN A. BENDER
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

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

JCK000697

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
204 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-8157
414/277-9999 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above mentioned policy for the 12/27/91-
Make the Automatic Premium Loan provision effective, if provided in the policy 2/27/92 monthlies for Simon Bernstein.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(if the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent [Signature] Date 1-27-92
Agent Date

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee
[Signature]
Personal Signature of Policyholder (Owner)
Vice President and Trust Officer

PHS1 (1/92)

JCK000698

First of America Trust Company
120 West State Street
P.O. Box 1628
Rockford, Illinois 61110-0128
Telephone: 815 987 2124



January 27, 1992

Capitol Bankers Life Insurance Company
205 E. Wisconsin Avenue
Milwaukee, WI 53201

Attention Terri Holfert:

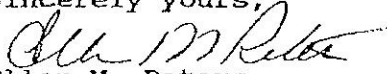
Re: Simon Bernstein/S.B. Lexington
Employee Death Benefit Trust

Dear Ms. Holfert:

Pursuant to instructions from Sandy Kapsa of National Service Association, please find enclosed a Request Letter to APL Policy No. 1009208 for Simon Bernstein for the 12/27/91 - 2/27/92 monthlies.

If you have any questions, please contact Sandy Kapsa directly.

Sincerely yours,


Ellen M. Peters

cc Sandy Kapsa
National Service Association

Enclosure

FEDERAL EXPRESS

QUESTIONS? CALL 800-355 TOLL FREE

AIRBILL
PACKAGING
TRACKING

7355892596

1992 7355892596

RECIPIENT'S COPY

Date: 1-27-92

From (Your Name) Please Print: Ellen M. Peters
Company: [REDACTED]
Street Address: [REDACTED]
City: [REDACTED] State: [REDACTED] ZIP Required: [REDACTED]

Your Phone Number (Very Important): (815) 987-2096
Department/Floor No: [REDACTED]

To (Recipient's Name) Please Print: Terri Holfert
Company: Capitol Bankers Life Ins. Co.
Street Address (We Cannot Deliver to P.O. Boxes or P.O. Locks): 205 E. Wisconsin Avenue
City: Milwaukee WI State: WI ZIP Required: 53201

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice)

PAYMENT: 1 In Sender 2 In Recipient's Facility 3 In 3rd Party Facility 4 Bill Credit Card
 5 Cash

IF HOLD FOR PICK-UP, Print FEDEX Address Here
 Street Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] ZIP Required: [REDACTED]

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING				DIM SHIPMENT (Heavyweight Services Only)		RECEIVED BY		FEDERAL EXPRESS USE	
Priority Overnight Service (Delivery by next business morning) <input type="checkbox"/> 11 PRIORITY MAIL <input checked="" type="checkbox"/> 12 FEDEX LETTER <input type="checkbox"/> 13 FEDEX BOX <input type="checkbox"/> 14 FEDEX TUBE Economy Service (Delivery by second business day) <input type="checkbox"/> 30 ECONOMY SERVICE Standard Overnight Service (Delivery by next business afternoon) <input type="checkbox"/> 51 <input type="checkbox"/> 52 FEDEX LETTER <input type="checkbox"/> 53 FEDEX BOX <input type="checkbox"/> 54 FEDEX TUBE Heavyweight Service (For Extra Large or any package over 150 lbs.) <input type="checkbox"/> 70 REAVYWEIGHT <input type="checkbox"/> 80 DEFERRED REAVYWEIGHT *Declared Value Limit \$100 ** Call for delivery schedule.	<input type="checkbox"/> 1 HOLD FOR PICK UP (1st business day) <input type="checkbox"/> 2 DELIVER WEEKDAY <input type="checkbox"/> 3 DELIVER SATURDAY (extra charge) <input type="checkbox"/> 4 DANGEROUS GOODS (extra charge) <input type="checkbox"/> 5 CONSTANT SURVEILLANCE SVC (CSS) (extra charge) <input type="checkbox"/> 6 DRY ICE (1 lb) <input type="checkbox"/> 7 OTHER SPECIAL SERVICE <input type="checkbox"/> 8 <input type="checkbox"/> 9 SATURDAY PICK-UP (extra charge) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 HOLIDAY DELIVERY (extra charge)	POUNDS OZS Total Total Total	WEIGHT IN POUNDS OZS Total Total Total	DIMENSIONS INCHES Total Total Total	DIM SHIPMENT (Heavyweight Services Only) <input type="checkbox"/> DIM SHIPMENT (Heavyweight Services Only) Total Total Total	Emp. No. <input type="checkbox"/> Cash Payment <input type="checkbox"/> Return Signature <input type="checkbox"/> Third Party Street Address City State Zip Received By Date/Time Received FedEx Employee Number	Date <input type="checkbox"/> Cash Payment <input type="checkbox"/> Return Signature <input type="checkbox"/> Third Party <input type="checkbox"/> Ship to Me <input type="checkbox"/> Ship to Home Street Address City State Zip Received By Date/Time Received FedEx Employee Number	Federal Express Use Base Charges Declared Value Charge Other 1 Other 2 Total Charges	REVISION DATE 1189 PART #11501 FEDEX 1992 FORMAT #014 014 © 1992 FEDEX PRINTED IN U.S.A.		

MULTIPLE PACKAGE SERVICE

**IF YOU ARE
MAKING AN MPS
SHIPMENT, APPLY
THE SELF ADHESIVE
MPS COPY HERE**

TERMS & CONDITIONS

DEFINITIONS

Unless otherwise specified, all terms and conditions shall be governed by the terms and conditions of the Multiple Package Service Agreement.

AGREEMENT TO TERMS

By using the Multiple Package Service, you agree to the terms and conditions of this Agreement. If you do not agree to these terms and conditions, you should not use the Multiple Package Service.

RESPONSIBILITY FOR PACKAGING AND COMPLETING AIRBILL
You are responsible for properly packaging and completing the airbill for your shipment. The carrier is not responsible for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

AIR TRANSPORTATION IS INCLUDED

Our Multiple Package Service includes air transportation for your shipment. The carrier is responsible for the safe and timely delivery of your shipment.

LIMITATIONS ON OUR LIABILITY AND LIABILITIES NOT ASSUMED

Our liability for damage to or loss of your shipment is limited to the actual value of the shipment at the time of shipment. We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed. We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed. We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed. We do not assume liability for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

DECLARED VALUE LIMITS

The maximum declared value for your shipment is \$10,000. If you declare a value greater than \$10,000, you will be required to purchase additional insurance from the carrier.

CONDITIONS
A Multiple Package Service shipment must be made in accordance with the Multiple Package Service Agreement. The carrier is not responsible for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

The carrier is not responsible for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed. The carrier is not responsible for damage to or loss of your shipment if it is not properly packaged or if the airbill is not properly completed.

FILING A CLAIM

If you have a claim against the carrier for damage to or loss of your shipment, you must file a claim with the carrier within the time limit specified in the Multiple Package Service Agreement.

You must file a claim with the carrier within the time limit specified in the Multiple Package Service Agreement. You must file a claim with the carrier within the time limit specified in the Multiple Package Service Agreement.

You must file a claim with the carrier within the time limit specified in the Multiple Package Service Agreement. You must file a claim with the carrier within the time limit specified in the Multiple Package Service Agreement.

RIGHT TO INSPECT

The carrier reserves the right to inspect your shipment at any time and for any reason.

NO C.O.D. SERVICES

We do not offer C.O.D. services for your shipment. We do not offer C.O.D. services for your shipment.

RESPONSIBILITY FOR PAYMENT

You are responsible for paying for your shipment. You are responsible for paying for your shipment. You are responsible for paying for your shipment.

QUALIFIED ACCEPTANCE

You must accept the Multiple Package Service as a qualified acceptance of the carrier's terms and conditions. You must accept the Multiple Package Service as a qualified acceptance of the carrier's terms and conditions.

MONEY-BACK GUARANTEE

If you are not satisfied with your shipment, you may request a money-back guarantee. If you are not satisfied with your shipment, you may request a money-back guarantee.

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1C092C8

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1991

INSURED:
POLICY OWNER:

SIMON BERNSTEIN
UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60606

AGT NUM: 0000735
AGENT :

CAPITOL BANKERS LIFE INSURANCE C
PO BOX 2016
MILWAUKEE WI 53201-2016
PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MONTH-LIST
EACH PAYMENT: \$4,002.33

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, 1991	GUARANTEED FOR YEAR ENDING DEC 27, 1992
---	---

CURRENT RATE BASIS INTEREST	9.00%	
SUM INSURED	\$1,868,965	\$1,839,955
CASH VALUE - START OF YEAR	\$15,068.39	\$11,895.06
ADD: TOTAL PREMIUMS FOR YEAR	\$41,928.24	\$48,027.96
INTEREST CREDIT	\$4,366.62	\$4,039.26
DEDUCT: MORTALITY CHARGE	\$11,823.37	\$12,764.75
EXPENSE CHARGE	\$8,635.38	\$9,611.27
POLICY LOAN	\$29,009.44	\$0.00
NET CASH VALUE - END OF YEAR	\$11,895.06	\$41,586.26

ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION: \$45,735.87

LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,839,955:

OPTION A - CURRENT RATE BASIS	\$45,735.87
OPTION B - GUARANTEED RATE BASIS	\$77,383.77

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, 1992.

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.

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

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

POLICY NUMBER: 1069208
RATING: STANDARD
PROCESS DATE: DEC 10, 1991

	GROSS	PCT	GEN. AGENT
	PREMIUM	RATE	COMMISSION
	-----	-----	-----
BASIC PREMIUM PREMIUM	45735.87	4.00	1829.43
RISK INCREASE PREMIUM	0.00	60.00	0.00
PLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
	-----		-----
TOTAL	45735.87		1829.43

10092C8

CURRENT VALUE LIFE

ILLUSTRATION NO. OP-03154

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

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,839,955
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)		
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE
10	57	1839955	45735.87	41586	10	1839955	45735.87	29691
15	62	1839955	45735.87	202648	15	1839955	80094.48	47066
20	67	1839955	45735.87	369521	20	1839955	80094.48	46188
AGE 60	60	1839955	45735.87	136569	13	1839955	80094.48	46809
AGE 65	65	1839955	45735.87	301543	18	1839955	80094.48	46873
AGE 70	70	1839955	45735.87	475101	23	1839955	80094.48	44002
AGE 75	75	1839955	45735.87	661434	28	1839955	80094.48	40882

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	10 YEARS	20 YEARS
SURRENDER COST INDEX	21.22	18.13
NET PAYMENT INDEX	22.73	23.48

GUARANTEED BASIS AFTER YEAR 9	10 YEARS	20 YEARS
	35.69	32.06
	37.20	39.43

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 8.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE RATES 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.
PO BOX 2016 P. O. BOX 2016
MILWAUKEE, WI 53201-2016 MILWAUKEE, WISCONSIN
800-825-0003 MILWAUKEE, WISCONSIN 53201

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

DECEMBER 10, 1991

PAGE 1 OF 2

1009208

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

ILLUSTRATION
NO. OP-03154

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CORRECT BASIS CONTINUES)				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
9	56	1868965	39926.63	-3173	11895	1868965	39926.63	-3173	11895
10	57	1839955	45735.87	29691	41586	1839955	45735.87	29691	41586
11	58	1839955	45735.87	30889	72475	1839955	80094.48	46241	87827
12	59	1839955	45735.87	31806	104281	1839955	80094.48	46556	134388
13	60	1839955	45735.87	32288	136569	1839955	80094.48	46809	181159
14	61	1839955	45735.87	32769	169338	1839955	80094.48	46968	222815
15	62	1839955	45735.87	33310	202648	1839955	80094.48	47066	275225
16	63	1839955	45735.87	33207	235855	1839955	80094.48	47089	322314
17	64	1839955	45735.87	33266	268381	1839955	80094.48	47028	369342
18	65	1839955	45735.87	33261	301543	1839955	80094.48	46873	416215
19	66	1839955	45735.87	33791	335333	1839955	80094.48	46603	462281
20	67	1839955	45735.87	34188	369521	1839955	80094.48	46188	509006
21	68	1839955	45735.87	34625	404147	1839955	80094.48	45609	554615
22	69	1839955	45735.87	35106	439253	1839955	80094.48	44852	599467
23	70	1839955	45735.87	35649	475101	1839955	80094.48	44002	643469
24	71	1839955	45735.87	37153	511882	1839955	80094.48	42333	683930
25	72	1839955	45735.87	37308	548882	1839955	80094.48	40000	723934
26	73	1839955	45735.87	37308	586329	1839955	80094.48	34070	763934
27	74	1839955	45735.87	30655	624546	1839955	80094.48	29130	803934
28	75	1839955	45735.87	30824	662923	1839955	80094.48	28779	843934
29	76	1839955	45735.87	30837	701443	1839955	80094.48	28438	883934
30	77	1839955	45735.87	174716	740038	1839955	80094.48	147760	923934
31	78	1839955	45735.87			1839955	80094.48		963934
32	79	1839955	45735.87			1839955	80094.48		1003934
33	80	1839955	45735.87			1839955	80094.48		1043934
34	81	1839955	45735.87			1839955	80094.48		1083934
35	82	1839955	45735.87			1839955	80094.48		1123934
36	83	1839955	45735.87			1839955	80094.48		1163934
37	84	1839955	45735.87			1839955	80094.48		1203934
38	85	1839955	45735.87			1839955	80094.48		1243934
39	86	1839955	45735.87			1839955	80094.48		1283934
40	87	1839955	45735.87			1839955	80094.48		1323934
41	88	1839955	45735.87			1839955	80094.48		1363934
42	89	1839955	45735.87			1839955	80094.48		1403934
43	90	1839955	45735.87			1839955	80094.48		1443934
44	91	1839955	45735.87			1839955	80094.48		1483934
45	92	1839955	45735.87			1839955	80094.48		1523934
46	93	1839955	45735.87			1839955	80094.48		1563934
47	94	1839955	45735.87			1839955	80094.48		1603934
48	95	1839955	45735.87			1839955	80094.48		1643934
49	96	1839955	45735.87			1839955	80094.48		1683934
50	97	1839955	45735.87			1839955	80094.48		1723934
51	98	1839955	45735.87			1839955	80094.48		1763934
52	99	1839955	45735.87			1839955	80094.48		1803934
53	100	1839955	45735.87			1839955	80094.48		1843934

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE
RUN COMPLETION DATE: DEC 10, 1991 at 21:32 PM. STATUS: USED L
AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEBRA Endorsement: 0, 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).
FLAT 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:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #10092C8
Policy Date: 12/27/82 Issue Date: 12/27/82
Premium Mode: NOW-LIST Owners Name: UNITED BANK OF ILLINOIS
Address: AS TRUSTEE City: CHICAGO IL606060

Ledger Data Stored Under User: LOBE Ledger Record # 03154
Ledger Check Data: (MUST Hatch Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratj. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.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: \$1,839,955
Init. Cash Value: \$1,839,955
Pour-In Premium: \$6.00
Total of Premiums: \$325,918.14
Basic Premium: \$45,735.87
Basic Cash Value: \$41,586.26
Pour-In Cash Value: \$0.00
(Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,839,955
Total Cash Value: \$72,475.45
Total Premium: \$45,735.87
Scheduled Payout: \$0.00

Rating Basis Code: 9141, Interest: 8.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: KI: 0.400, KL: 0.880, KK: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this Year:
Minimum Basic Premium (Pti): 45735.864429; Net-Gross: Ks: 0.8399686048
Second Level Breakpt. (Gt): 77843.642180; Net-Gross: Ky: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Pt*(Kf - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Ox): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 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): 7.0900000
Paid-Up Cash Value per \$1000, End Year (Ax): 237.5206530
Discounted Value, Life Annuity of \$1.00 (ax): 10.29347118

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 41586.2588 Target Objective: 38416.6902
Extra Value Amount: 7167.5586 Tgt. Net Premium: -160044.85
Added Benefit Amount:

Corrected Copy

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

INSURED:
POLICY OWNER:

SIMON BERNSTEIN
UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 800
CHICAGO IL 60606

AGT NUM: 0000735
AGENT: CAPITOL BANKERS LIFE INSURANCE C
PO BOX 2016
MILWAUKEE WI 53201-2016
PHONE: 800-825-0003

PREMIUM PAYMENT MODE: MJN-LIST
EACH PAYMENT: \$4,002.33

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, 1991	GUARANTEED FOR YEAR ENDING DEC 27, 1992
---	---

CURRENT RATE BASIS INTEREST	9.00%	
SJM INSURED	\$1,868,965	\$1,839,955
CASH VALUE - START OF YEAR	\$15,058.39	\$11,895.06
ADD: TOTAL PREMIUMS FOR YEAR	\$41,928.24	\$48,027.96
INTEREST CREDIT	\$4,366.62	\$4,039.28
DEDUCT: MORTALITY CHARGE	\$11,823.37	\$12,764.75
EXPENSE CHARGE	\$8,535.38	\$7,611.27
POLICY LOAN	\$29,009.44	\$0.00
NET CASH VALUE - END OF YEAR	\$11,895.06	\$41,586.26
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$45,735.87

LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SJM INSURED OF \$1,839,955:	
OPTION A - CURRENT RATE BASIS	\$45,735.87
OPTION B - GUARANTEED RATE BASIS	\$77,383.77

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, 1992. 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.

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

SIMON BERNSTEIN
MALE, AGE 67, NONSMOKER
INITIAL DEATH BENEFIT: \$1,839,955
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)			GUARANTEED VALUES AFTER YEAR 10		
		SUM INSURED	ANNUAL PREMIUM	CASH VALUE	ANNUAL PREMIUM	CASH INCREASE	CASH VALUE
10	57	1839955	45735.87	41586	45735.87	29691	41586
15	62	1839955	45735.87	33310	80094.48	33310	27522
20	67	1839955	45735.87	34183	80094.48	34183	50900
AGE 60		1839955	45735.87	32288	80094.48	32288	181192
AGE 65		1839955	45735.87	35151	80094.48	35151	416215
AGE 70		1839955	45735.87	35848	80094.48	35848	543469
AGE 75		1839955	45735.87	37674	80094.48	37674	852733

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 GENERAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 9	
10 YEARS	20 YEARS	10 YEARS	20 YEARS
21.22	18.13	35.69	32.06
22.73	23.48	37.20	39.43

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 8.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.00% 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 CO REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
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CURRENT VALUE LIFE... FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD