

62D2,1009208

AS-OF LAST MVP

BERNSTEIN, SIMON

M-47 12/03/35

\* NOTES

AGE RTE IS CEASE	FACE/UN	MONTHLY	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
(01)--CVLOA	-0611-04500-3-2-CVL-0A-		NO 22 ZC NO /0 N 0 04/27/01 N
M-47 N 82 12-41	1689,070	3,016.09	PLAN- CVLOA OPTION INCLUDES CV
STATUS - PREMIUM PAYING			DIR-Q 17303.15 REQ MAT **/**/**
			BILLING ON SCHED BILLED TO 06/27/01
			VALUE 168529.02 ISSUE 12/27/82
			RISK 1511648.19 LAST FIN 04/27/01
			SPAMT 1689070.00 LAST BILL 02/26/01
			LOAN 79402.24 LAST ACCT 04/27/01
			SUSP .00 LAST OTHR 11/02/00

Fax letter with current death benefit and loan interest to STP Enterprises to Jamilia Owens at 312-819-0773

a mcgee

CK620 DISPLAY COMPLETE

05/08/01 L860  
CICSPJAX19

*Capital Bankers  
Drawer Work*

AMY MCGEE  
CLIENT SERVICES

MAY 10 2001



File

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

May 29, 2001

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It is a pleasure to be of assistance.

We have received your request for information on the above-referenced policy. Our records indicate that the loan payoff as of 28 May 2001 is \$76,385.16. If you choose to payoff the loan, this balance is good for ten days.

If you should have further questions, please call us at 800/825-0003.

Sincerely,

*Stephanie Vetter*

Stephanie Vetter  
Client Services

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000454

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

FAX NUMBER 217-245-1922

DATE: *May 29, 2001*

SENDER: *Stephanie Vetter*

RECEIVER: *Scott Pruett*

Number of Pages *2*

COMMENTS:

*Policy Loan Information*

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000455

STP ENTERPRISES, INC.  
303 EAST WACKER  
SUITE 210  
CHICAGO, IL 60601  
PH 312 819 7474  
FAX 312 819 0773

facsimile transmittal

To: STEPHANIE VETTER Fax: 217 245 1922  
From: SCOTT PRUETT Date: 5/24/01  
Re: 1009208 SIMON BERNSTEIN Pages: 1  
CC:

Urgent  For Review  Please Comment  Please Reply  Please Recycle

THANK YOU FOR THE 5/15/01 FAX ON POLICY 1009208 SIMON BERNSTEIN. PLEASE  
FAX US THE CURRENT OUTSTANDING LOAN AMOUNT ON THIS POLICY. THANK  
YOU

**S.T.P. ENTERPRISES, INC.**  
**303 E. WACKER DRIVE**  
**SUITE 210**  
**CHICAGO, IL 60601-5210**

Email: [marketing@stpcorp.com](mailto:marketing@stpcorp.com)

Phone: 312.819.7474  
Fax: 312.819.0773

TO: Stephanie Vetter + Sharon DeLong

FROM: Louise Butler

DATE: 5/25/01

PAGES INCLUDING COVER PAGE: 2

COMMENTS:

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**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

COPY

December 31, 2000

Simon Bernstein  
7020 Lions Head  
Boca Raton FL 33496

*file*

Re: Policy Number: 1009208  
Insured: Simon Bernstein

Dear Simon Bernstein:

We are required by your state of residence to provide you, the policy/certificate owner, with annual notification of your right to designate an individual as a secondary addressee for receipt of possible lapse notices for this life insurance policy or certificate. You will continue to receive annual notification, even if this right has already been elected and a secondary addressee has been named.

If elected, the secondary addressee will receive these notices, if any, in all years following the policy/certificate owner or insured reaching age 64. If you wish to exercise this right, please complete the enclosed form and return it to us in the enclosed envelope.

While we are obligated to provide the secondary addressee with notification of a pending lapse if you so elect, we are restricted from providing anyone other than the policyowner any further details.

We are proud to be your insurance company and thank you for being our customer.

Capitol Bankers Life Insurance Company

**DEBBIE SEXTON  
CLIENT SERVICES**

*1-3-2001*

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 800-825-0003 FAX 217-245-1922

JCK000458

# CAPITOL BANKERS LIFE INSURANCE COMPANY

COPY

## OWNER INFORMATION AND SECONDARY ADDRESSEE 1009208

(Please print or type)

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Birthdate of Owner

The Owner may designate a Secondary Addressee. After the policy has been in force for at least 1 year, and either the Insured or the Owner is at least age 65, any notification required at the end of the contractual grace period will also be sent to this Secondary Addressee.

### SECONDARY ADDRESSEE (Optional)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Owner(s)

ANNTH

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 800-825-0003 FAX 217-245-1922

JCK000459



U102.1009208 ; ACTION PROCESS;

AS OF 01/03/01

AP0412 - POLICY LOAN QUOTATION REQUEST

UIIN00

REQUEST TYPE = NET	CURRENT CV	\$100,742.42	PROCEEDS	\$17303.15
LOAN INTEREST RATE = 6.547%	CURRENT LOAN	\$60,912.70	ADV TNT	\$1,186.39
REQUEST AMT = \$17303.15	MIN BALANCE	\$0.00	MAX LOAN	\$100742.42
	COST-BASIS	\$851,979.67		

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$100,742.42	\$18,489.54	

*Loan to pay Premium  
 Do misc act  
 & move money to 2416300  
 have this applied.*

AP0011 - TRANSACTION CONTINUED

01/03/01 L496  
CICSPJAX19

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6269,1009208 ;
69 142 00000001 00010001 00001000 00000010 00000000 00000000 00000000 1 F1 1 F
**/**/**** **/**/**** 12/27/2000 12/31/2000 12/31/2000 00000000 MVCD
CD 00/00/1900 0 0 1 .00 .00 6706.90 .00 .00 .00 .0000 .00 .000 .00 0 19
0
69 168 00000001 10011001 00001000 00000100 00000000 00000000 00000000 1 GP 1 F
**/**/**** 12/27/2000 12/27/2000 12/31/2000 12/31/2000 00000000 AVLC
LV 00/00/1900 0 0 0 3984.91 .00 3984.91 .00 .00 .00 .0000 .00 6.000 .00
0 19 2 1 3984.91 1374000 2 3984.91 3374000
69 194 00000001 10011001 00001000 00000110 00000000 00000000 00000000 1 GP 1 F
**/**/**** **/**/**** 12/27/2000 12/31/2000 12/31/2000 00000000 MVCD
CA 00/00/1900 0 0 0 2721.99 .00 3984.91 .00 .00 .00 .0000 .00 6.000 .00
0 19 4 1 3984.91 4477230 2 3984.91 4477230 1 6706.90 4477230 2 6706.90
4477230
69 155 00000000 10000000 00000000 10000100 00000000 00000000 00000000 1 F1 0 F
**/**/**** 12/27/2001 01/03/2001 **/**/**** 01/03/2001 00ABEB4D CSJSW
LN 00/00/1900 0 0 18489.54 17303.15 1186.39 .00 .00 .00 .0000 .00
6.542 .00 0 19 1 G 00 1 X A .00 9

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CK620 DISPLAY COMPLETE

01/03/01 L496  
CICSPJAX19

UIDA,1009208 ; . AS-OF 03/01;. BERNSTEIN, SIMON  
 FINANCIAL ACTIVITY FROM 01/00

M-47 12/03/35

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
NFT LOAN	01	FIXED1	01/03/01	18,489.54	17,303.15	6.547		00I
ADVANCE INT	01	GRACE	12/27/00	3,984.91		6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/00	0.00	6,706.90			01H
CHRG ADJ	01	GRACE	12/27/00	2,721.99	3,984.91	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/00	2,488.83	2,488.83		A	01H
CHRG DEDUCT	01	FIXED1	10/27/00	2,486.08	2,486.08		A	01H
CHRG DEDUCT	01	FIXED1	09/27/00	2,483.34	2,483.34		A	01H
CHRG DEDUCT	01	FIXED1	08/27/00	2,480.62	2,480.62		A	01H
REG PRM	F	01	FIXED1 08/10/00	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	07/27/00	2,502.36	2,502.36		A	01H
CHRG DEDUCT	01	FIXED1	06/27/00	2,499.52	2,499.52		A	01H
CHRG DEDUCT	01	FIXED1	05/27/00	2,496.70	2,496.70		A	01H
MISC ACCOUNT			05/18/00					A 00H
DB-2412600				17,303.15				
CR-2416300				17,303.15				
RFG PRM	F	01	FIXED1 05/08/00	17,303.15	15,053.74	6.000	AC	01H
NFT LOAN	01	FIXED1	05/05/00	18,067.38	17,303.15	6.542	A	01H
ADVANCE INT				764.73				
REG PRM	F	01	FIXED1 05/05/00	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	04/27/00	2,542.76	2,542.76		A	01

AP0011 - TRANSACTION CONTINUED

CICSPJAX19

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U107,1009208 ; ! QUOTE / PROCESS POLICY LOAN !
ACTION= QUOTE ; ERRCORR= NO ; DEPTDESK= JSW ;
LTYPE= NET ; ! GROSS, NET, MAX, APL OR MXPREF !
WH= ? ; ! Y, N, B-BACKUP, P-PERCENT, F-FLAT !
FEDWHOVR= ? ; ! WH OVERRIDE PERCENT OR AMOUNT !
STWH= ? ; ! N, P-PERCENT, F-FLAT !
STWHOVR= ? ; ! STWH OVERRIDE PERCENT OR AMOUNT !
ASOF= ? ; ! AS-OF DATE !
AMOUNT= 17303.15 ; ! OR ! TOTUNITS= ? ;
LOANINT= ? ; ! OVERRIDE LOAN INTEREST PERCENT !
TSASKIP= ? ; ! Y, OVERRIDE IRS MAX LOAN ALLOWED !
SCREEN= ? ; ! ULSF - FUNDS !

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AS-OF 01/03/01; BERNSTEIN, SIMON M-47 12/03/35
MAXIMUM POLICY MIN BAL ISSU# DATE 12/27/82
WITHDRAWALS 100,742.42 .00 EXCHANGE COUNT 0
LOANS 100,742.42 .00
FUND NUMBER UNIT VALUE/ MTN DISB. MIN
FIXFD1 100242.47 OF UNITS INT RATE BAL T W L DUR
GRACE CLOSED 6.000% N Y Y 0
6.000% N N N 0
TOTAL 100242.42

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INVESTMENT RETURN RATES AND CURRENT INTEREST RATES MAY ALTER PROJECTED VALUES

,1009708 ; . AS-OF 01/03/01; . BERNSTEIN, SIMON M-47 12/03/35

NEW MONEY INTEREST RATE	6.000%	INVESTMENT METHOD	POLICY YEAR PORT
TOTAL CASH VALUE	161,155.17	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT	
LOANED AMOUNT	60,917.70	NO 22 ZC NO /0 N 0 12/27/00 N	
SURRENDER VALUE	106,242.77	PLAN- CVLOA	OPTION INCLUDES CV
COI RFFUND	2,086.86	DIR-Q 17303.15	REQ MAT **/**/**
MAXIMUM LOAN AVAILABLF	100,242.47	BILLING ON SCHED	BILLED TO 03/27/01
LOAN PAYOFF	56,999.21	VALUE 160975.13	ISSUE 12/27/82
NET AMT AT RISK (INS)	1,519,188.61	RISK 1519188.61	LAST FIN 12/31/00
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT 1689070.00	LAST BILL 11/27/00
OTHER INSURANCE	.00	LOAN 60912.70	LAST ACCT 12/31/00
DEATH BENEFIT	1,689,070.00	SUSP .00	LAST OTHR 11/02/00
INTEREST CREDITED	16,708.32	INTEREST EARNED AT GIR	12,248.34
PREMIUMS PAID	851,979.62	WITHDRAWALS	.00
COST BASIS	851,979.62		

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

01/03/01 L496  
CICSPJAX19

62D1,1009208 ; . AS-OF ST MVP BERNSTEIN, SIMON

M-47 12/03/35

\* NOTES

IST-IL RST-FL AREA-33496	COV-LAP-SP-BILL	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED]	NO 18 2	NO 22 ZC NO /0 N 0 12/27/00 N
INSURED SIMON BERNSTEIN		PLAN- CVL0A OPTION INCLUDES CV
7020 I TONS HFAD		DIR-Q 17303.15 REQ MAT **/**/**
BOCA RATON FL 33496		BILLING ON SCHED BILLED TO 03/27/01
		VALUE 160975.13 ISSUE 12/27/82
		RISK 1519188.61 LAST FIN 12/31/00
OWN(01) SIMON BERNSTEIN		SPAMT 1689070.00 LAST BILL 11/27/00
7020 I TONS HFAD		LOAN 60912.70 LAST ACCT 12/31/00
BOCA RATON FL 33496		SUSP .00 LAST OTHR 11/02/00
PAYOR SIMON BERNSTEIN		
7020 I TONS HFAD		
BOCA RATON FL 33496		

AGT-0000735032-CAPITOL BANKERS LIF R  
 GA-- NONE.  
 CK620 DISPLAY COMPLETE

01/03/01 L496  
 CICSPJAX19

**CAPITOL BANKERS**  
**LIFE INSURANCE COMPANY**

MEMORANDUM

**Date:** January 3, 2001  
**To:** Janet Warrick  
**From:** Amy McGee  
**Subject:** APL  
**Policy:** 1009208

Please take loan in the amount of \$17,303.15 and then apply it to the premium due 12/27/2000

Thanks  
Amy

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208      BERNSTEIN, SIMON      12-27-00      3 MONTH PREMIUM      17,303.15

AMOUNT DUE      17,303.15

01-28-01

JAN 2 '01

SIMON BERNSTEIN  
7020 LIONSHEAD  
BOCA RATON FL 33496

*Paid per AAL*

193130303932303840404012270003017303150102801730315000000003

*(OVER)*

INDICATE ADDRESS CHANGE ABOVE

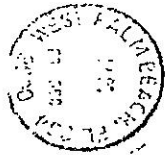


Pay By APL - 55<sup>th</sup> 371 32 5211

also Send me Confirmation of  
.. Payment.

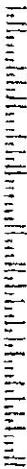
G. Bernsten

CAPITOL BANKERS LIFE INSURANCE COMPANY  
P.O. BOX 4174  
SPRINGFIELD, IL 62708-4174



Capital Bankers Life Ins Co  
1275 SANDUSKY ROAD  
AERSONVILLE, GA. 62655

626550+1A35



ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITUL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1998

INSURED:  
POLICY OWNER:

SIMON BERNSTEIN  
SIMON BERNSTEIN  
7020 LIONS HEAD  
DUCA RATON FL 33496

ACT NUM: 0000735  
AGENT : CAPITUL BANKERS LIFE INSURANCE C  
80X 19191  
GREENVILLE SC 29602

PHONE : 800-825-0003

PREMIUM PAYMENT MODE: QUARTERLY  
EACH PAYMENT: \$17,303.16

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. Actual result depends on the plan you have selected. The results of this change are illustrated below.

CURRENT STATUS GUARANTEED  
FOR YEAR ENDING FOR YEAR ENDING  
DEC 27, 1998 DEC 27, 1999

CURRENT RATE BASIS INTEREST	7.00%		6.00%
SUM INSURED	\$1,705,773	\$1,689,070	
CASH VALUE - START OF YEAR	\$81,582.20	\$100,394.30	
ADD: TOTAL PREMIUMS FOR YEAR	\$63,052.56	\$69,212.64	
INTEREST CREDIT	\$ 9,318.77	\$ 9,446.73	
DEDUCT: MORTALITY CHARGE	\$24,330.22	\$27,554.09	
EXPENSE CHARGE	\$12,525.85	\$13,555.58	
POLICY LOAN	\$16,703.16	\$ 0.00	
NET CASH VALUE - END OF YEAR	\$100,394.30	\$137,944.00	
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$65,292.96	
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,689,070:			
OPTION A - CURRENT RATE BASIS		\$65,292.96	
OPTION B - GUARANTEED RATE BASIS		\$94,287.24	

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, 1999.

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-11004

SIMON BERNSTEIN  
MALE, AGE 47, NONSHOKER  
INITIAL DEATH BENEFIT: \$1,689,070  
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

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

SUMMARY OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)		CASH VAL INCREASE	CASH VAL VALUE	POL YR	SUM INSURED	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR17)	
		ANNUAL PREMIUM	SUM INSURED					ANNUAL PREMIUM	CASH VAL INCREASE
AGE 60	60	0.00	0	0	175907	18	1689070	97533.86	49439
AGE 65	65	65292.96	37963	37963	369824	23	1689070	97533.86	46411
AGE 70	70	65292.96	39403	39403	569527	28	1689070	97533.86	43120
AGE 75	75	65292.96	39754	39754	759356	33	1689070	97533.86	38919
AGE 80	80	65292.96	36296	36296					

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 37.14  
20 YEARS 32.69

SURRENDER COST INDEX 37.14  
NET PAYMENT INDEX 37.67  
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 6.00% 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  
80X 19191  
GREENVILLE, SC 29602  
300-825-0003  
REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.  
P.O. BOX 2016  
205 E. WISCONSIN AVE.  
MILWAUKEE, WISCONSIN 53201

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

1009206

CURRENT VALUE LIFE

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

ILLUSTRATION  
NO. OP-11004

TABLE OF END OF YEAR VALUES

POL YR		ATT AGE		SUM INSURED		CURRENT VALUES (IF CURRENT BASIS CONTINUES)		TABLE OF END OF YEAR VALUES		GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 17)		CASH VALUE		
POL	YR	ATT	AGE	SUM	INSURED	ANNUAL	CASH VAL	CASH VAL	POL	SUM	INSURED	ANNUAL	CASH VAL	CASH
						PREMIUM	INCREASE	VALUE	YR			PREMIUM	INCREASE	VALUE
16	63	1705773	59481.56	18812	100394	16	1705773	100394	16	1705773	59481.56	18812	18812	100394
17	64	1689070	65292.96	37550	137944	17	1689070	137944	17	1689070	65292.96	37550	37550	137944
18	65	1689070	65292.96	37963	175907	18	1689070	175907	18	1689070	65292.96	37963	49439	187383
19	66	1689070	65292.96	38359	214266	19	1689070	214266	19	1689070	65292.96	38359	49155	236538
20	67	1689070	65292.96	38516	252782	20	1689070	252782	20	1689070	65292.96	38516	48716	285257
21	68	1689070	65292.96	38707	291489	21	1689070	291489	21	1689070	65292.96	38707	48106	333360
22	69	1689070	65292.96	38933	330422	22	1689070	330422	22	1689070	65292.96	38933	47308	380668
23	70	1689070	65292.96	39403	369824	23	1689070	369824	23	1689070	65292.96	39403	46411	427079
24	71	1689070	65292.96	39941	409766	24	1689070	409766	24	1689070	65292.96	39941	45490	4722569
30	77	1689070	65292.96	38819	647721	30	1689070	647721	30	1689070	65292.96	38819	42190	732718
35	82	1689070	65292.96	34996	829359	35	1689070	829359	35	1689070	65292.96	34996	35935	926694
40	87	1689070	65292.96	30170	992860	40	1689070	992860	40	1689070	65292.96	30170	30725	1088842
45	92	1689070	65292.96	29891	1129474	45	1689070	1129474	45	1689070	65292.96	29891	31409	1241899
50	97	1689070	65292.96	60184	1351508	50	1689070	1351508	50	1689070	65292.96	60184	46544	1432739
53	100	1689084	65292.96	151266	1689084	53	1689084	1689084	53	1689210	65292.96	151266	155842	1689210

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L  
RUN COMPLETION DATE: OCT 06, 1998 at 22:50 PM. STATUS: USED L  
AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C  
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL  
UEFKA 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. INTEREST: None

INFORCE Information for Policy #11009208  
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Years in Force: 17  
Premium Mode: QUARTERLY Owners Name: SIMON BERNSTEIN Product: CVL  
Address: 7020 LIUNS HEAD City: BOCA RATON FL33496

Ledger Data Stored Under User: JEANNIE.L Ledger Record # 11004.  
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726  
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subst. Ratg. 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: \$1,689,070 Basic Premium: \$55,292.96  
Init. Cash Value: \$100,394.30 Basic Cash Value: \$137,944.00  
Pour-In Premium: \$0.00 Pour-In Cash Value: \$ 0.00  
Total of Premiums: \$730,857.57 (Through Current Year)

Values Computed as Projected Values at End of Next Year:  
Total Sum Insured: \$1,689,070 Total Premium: \$55,292.96  
Total Cash Value: \$175,907.16 Scheduled Payout: \$ 0.00

Rating Basis Code: 9841, Interest: 6.00% 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: K1: 0.400, K2: 0.880, Kk: 0.925, Ki: 0.600  
VARIABLE Expense Factors, as of the END of this year:  
Minimum Basic Premium (Ft): 65292.956410; Net-Gross: Ks: 0.8491921902  
Second Level Breakpt. (Gt): 98044.541042; Net-Gross: Kg: 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): 17.7100000  
Paid-Up Cash Value per \$1000, End Year (Ax): 419.5636893  
Discounted Value, Life Annuity of \$1.00 (ax): 10.25437482

Values Computed for Current Year to Define Target Objective:  
Target Cash Value: 137943.9970 Target Ob jective: 55657.0490  
Extra Value Amount: 0.00 Added Benefit Amount: -310930.48

POLICY RENEWAL VALUE LIFE COMMISSION REPORT

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

POLICY NUMBER: 1009208  
 RATING: STANDARD  
 PROCESS DATE: OCT 5, 1998

	GROSS
	PREMIUM
BASIC PREMIUM	65292.96
RISK INCREASE PREMIUM	0.00
FLAT EXTRA CHARGE	0.00
EXCESS & POUR-IN	0.00
TOTAL	65292.96

	PCI	GEN. AGENT
	RATE	COMMISSION
	4.00	2611.72
	60.00	0.00
	0.00	0.00
	4.00	0.00
		2611.72



DATE: 5-5

TO: James W

# VAULT

## ROUTING FORM

(PLEASE CHECK NEEDED REQUEST)

*full*

- Please complete file and return to Vault.
- Please complete file and return to Pond.
- File is updated to you on Filetrax, please place correspondence in file.
- Mail received today, file updated to you on Filetrax.
- Your Rush.
- Your Premium File.
- Checks from the Mail Desk
- Miscellaneous.

*Rec'd back 5-30*

FROM: BH

92

**CAPITOL BANKERS**  
**LIFE INSURANCE COMPANY**

MEMORANDUM

**Date:** April 14, 2000  
**To:** Billing  
**From:** Amy McGee/Client Services  
**Subject:** Manual Bill

Please send manual billing notice for December 27 1999 premium due in the amount of \$17,303.15 and for March 27 2000 premium due 27 in the amount of \$17,303.15 on policy number 1009208 for Simon Bernstein.

Thanks  
Amy

*adl/cl*  
*12-27-99*  
*3-27-00*

APR 30 '00  
OFFICE  
SERVICE

300 EAST STATE STREET JACKSONVILLE, IL. 62650 PHONE 800-825-0003 FAX 217-245-1922

*Simon*  
*6-14-2000*

JCK000477

# CAPITOL BANKERS LIFE INSURANCE COMPANY

18 April 2000

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON FL 33498

Policy Number	Name of Insured	Mode	Premium Due Date	Premium Amount
1009208	SIMON BERNSTEIN	QUARTERLY	12-27-99	17,303.15

Show Change of Address Below, if any (Please Print)

Number & Street	
Town	
State	
Zip Code	

PLEASE REMEMBER!

- Do not send cash
- Write the policy number on the check
- Return a copy of this notice with your premium

Thank you for your payment.

APR 30 '00

# CAPITOL BANKERS LIFE INSURANCE COMPANY

18 April 2000

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON FL 33498

Policy Number	Name of Insured	Mode	Premium Due Date	Premium Amount
1009208	SIMON BERNSTEIN	QUARTERLY	03-27-2000	17,303.15

Show Change of Address Below, if any (Please Print)

Number & Street	
Town	
State	
Zip Code	

### PLEASE REMEMBER!

- Do not send cash
- Write the policy number on the check
- Return a copy of this notice with your premium

Thank you for your payment.

PAID  
MAY 30 2000

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**INTER**

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**OFFICE**

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# MEMO

To: DONNA RILEY  
From: JANET WARRICK  
Subject: APPLY MONEY AS PREMIUM  
Date: 5-9-2000  
Company/Region: CAPITOL BANKERS

POLICY NUMBER: 1009208  
INSURED: SIMON BERNSTEIN  
AMOUNT: \$17,303.15  
MONEY INS SUSPENSE ACCT # 2412600  
ERROR REGISTER DATE N/A

PLEASE APPLY THE \$17,303.15 AS QUARTERLY PREMIUM FOR POLICY NUMBER 1009208 AS THE OWNER HAS REQUESTED. THE OWNER WILL BE SENDING THE NEXT QUARTERLY PAYMENT BY CHECK.

THANKS  
JANET WARRICK

Please call if you have any questions.

Best regards,

U102,1009208 ; ACTION PROCESS;

AS OF 05/05/00

AP0412 - POLICY LOAN QUOTATION REQUEST

ULLN00

REQUEST TYPE = NET	CURRENT CV	\$91,171.63	PROCEEDS	\$17303.15
LOAN INTEREST RATE = 6.542%	CURRENT LOAN	\$38,860.41	ADV INT	\$764.23
REQUEST AMT = \$17303.15	MIN BALANCE	\$0.00	MAX LOAN	\$91171.63
	COST-BASIS	\$800,070.17		

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$91,171.63	\$18,067.38	

*\* Apply as Quarterly  
Premium. Due 12-27-99.  
He is sending in March Quarterly  
premium.*

AP0011 - TRANSACTION CONTINUED

05/05/00 L496  
CICSPJAX19

6269,1009208 ;  
69 168 00000001 10011000 00001000 00000100 00000000 00000000 00000000 1 F1 1 F  
\*\*/\*\*/\*\*\*\* \*\*/\*\*/\*\*\*\* 04/27/2000 04/27/2000 04/27/2000 00000000 MVCD  
CD 00/00/1900 0 0 1 2542.74 .00 2542.74 .00 .00 .00 .0000 .00 .000 .00 0  
18 2 1 2542.74 4477230 2 2542.74 4477230  
69 155 00000000 10000000 00000000 10000100 00000000 00000000 00000000 1 F1 0 F  
\*\*/\*\*/\*\*\*\* 12/27/2000 05/05/2000 \*\*/\*\*/\*\*\*\* 05/05/2000 0105B2A8 L496  
LN 00/00/1900 0 0 18067.38 17303.15 764.23 .00 .00 .00 .0000 .00 6.542  
.00 0 18 1 G 00 1 X A .00 9

CK620 DISPLAY COMPLETE

05/05/00 L496  
CICSPJAX19

UIDA,1009208 ; . AS-OF 05/05/00;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
NET LOAN	01	FIXED1	05/05/00	18,067.38	17,303.15	6.542		00I
CHRG DEDUCT	01	FIXED1	04/27/00	2,542.74	2,542.74		A	01H
CHRG DEDUCT	01	FIXED1	03/27/00	2,539.64	2,539.64		A	01H
CHRG DEDUCT	01	FIXED1	02/27/00	2,536.56	2,536.56		A	01H
CHRG DEDUCT	01	FIXED1	01/27/00	2,533.50	2,533.50		A	01H
ADVANCE INT	01	GRACE	12/27/99	2,542.25		6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/99	0.00	5,072.71			01H
CHRG ADJ	01	GRACE	12/27/99	2,530.46	2,542.25	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/99	2,310.17	2,310.17		A	01H
GROSS LOAN	01	FIXED1	10/31/99	36,318.16	35,898.06	7.407	A	01H
ADVANCE INT				420.10				
CHRG DEDUCT	01	FIXED1	10/27/99	2,307.77	2,307.77		A	01H
REG PRM	F	01	FIXED1 10/25/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	09/27/99	2,327.69	2,327.69		A	01H
CHRG DEDUCT	01	FIXED1	08/27/99	2,325.16	2,325.16		A	01H
CHRG DEDUCT	01	FIXED1	07/27/99	2,322.64	2,322.64		A	01H
REG PRM	F	01	FIXED1 06/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	06/27/99	2,320.14	2,320.14		A	01H
CHRG DEDUCT	01	FIXED1	05/27/99	2,339.99	2,339.99		A	01H
CHRG DEDUCT	01	FIXED1	04/27/99	2,337.38	2,337.38		A	01

AP0011 - TRANSACTION CONTINUED

CICSPJAX19



U102,1009208 ; ! QUOTE / PROCESS POLICY LOAN !  
 ACTION= QUOTE ; ! ERRRCORR= NO ; DEPTDE = ? ; !  
 LTYPE= NET ; ! GROSS, NET, MAX, APL OR MXPREF !  
 WH= ? ; ! Y, N, B-BACKUP, P-PERCENT, F-FLAT !  
 FEDWHOVR= ? ; ! WH OVERRIDE PERCENT OR AMOUNT !  
 STWH= ? ; ! N, P-PERCENT, F-FLAT !  
 STWHOVR= ? ; ! STWH OVERRIDE PERCENT OR AMOUNT !  
 ASOF= ? ; ! AS-OF DATE !  
 AMOUNT= 17303.15 ; ! OR ! TOTUNITS= ? ; !  
 LOANINT= ? ; ! OVERRIDE LOAN INTEREST PERCENT !  
 TSASKIP= ? ; ! Y, OVERRIDE IRS MAX LOAN ALLOWED !  
 SCREEN= ? ; ! ULSF - FUNDS !

AS-OF 05/05/00;. BERNSTEIN, SIMON

M-47 12/03/35

	MAXIMUM	POLICY MIN BAL		ISSUE DATE 12/27/82
WITHDRAWALS	91,171.63	.00		EXCHANGE COUNT 0
LOANS	91,171.63	.00		
FUND	FUND	NUMBER	UNIT VALUE/	MIN DISB. MIN
FIXED1	BALANCE	OF UNITS	INT RATE	BAL T W L DUR
GRACE	CLOSED		6.000%	N Y Y 0
			6.000%	N N N 0
TOTAL	91171.63			

INVESTMENT RETURN RATES AND CURRENT INTEREST RATES MAY ALTER PROJECTED VALUES

,1009208 ; . AS-05/05/00;. BERNSTEIN, SIMON M-47 12/03/35  
 NEW MONEY INTEREST RATE 6.000% INVESTMENT METHOD POLICY YEAR PORT  
 TOTAL CASH VALUE 130,032.04 SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT  
 LOANED AMOUNT 38,860.41 NO 22 ZC NO /0 N 0 04/27/00 M N  
 SURRENDER VALUE 94,680.07 PLAN- CVLOA OPTION INCLUDES CV  
 COI REFUND 1,864.68 DIR-Q 17303.15 REQ MAT \*\*/\*\*/\*\*  
 MAXIMUM LOAN AVAILABLE 91,171.63 BILLING ON SCHED BILLED TO 06/27/00  
 LOAN PAYOFF 37,216.65 VALUE 129866.08 ISSUE 12/27/82  
 NET AMT AT RISK (INS) 1,550,476.91 RISK 1550476.91 LAST FIN 04/27/00  
 SPECIFIED AMOUNT (INS) 1,689,070.00 SPAMT 1689070.00 LAST BILL 02/25/00  
 OTHER INSURANCE .00 LOAN 38860.41 LAST ACCT 04/27/00  
 DEATH BENEFIT 1,689,070.00 SUSP .00 LAST OTHR 04/24/00  
 INTEREST CREDITED 10,086.94 INTEREST EARNED AT GIR 7,605.23  
 PREMIUMS PAID 800,070.17 WITHDRAWALS .00  
 COST BASIS 800,070.17

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

05/05/00 L496  
 CICSPJAX19

62D1,1009208 ; . AS LAST MVP BERNSTEIN, SIMON  
\* NOTES

M-47 12/03/35

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT  
UL SS NBR [REDACTED] NO 17 2 NO 22 ZC NO /0 N 0 04/27/00 M N  
PLAN- CVLOA OPTION INCLUDES CV  
INSURED SIMON BERNSTEIN DIR-Q 17303.15 REQ MAT \*\*/\*\*/\*\*  
7020 LIONS HEAD BILLING ON SCHED BILLED TO 06/27/00  
BOCA RATON FL 33496 VALUE 129866.08 ISSUE 12/27/82  
RISK 1550476.91 LAST FIN 04/27/00  
OWN(01) SIMON BERNSTEIN SPAMT 1689070.00 LAST BILL 02/25/00  
7020 LIONS HEAD LOAN 38860.41 LAST ACCT 04/27/00  
BOCA RATON FL 33496 SUSP .00 LAST OTHR 04/24/00  
PAYOR SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON FL 33496

AGT-0000735032-CAPITOL BANKERS LIF R  
GA- - NONE.  
CK620 DISPLAY COMPLETE

05/05/00 L496  
CICSPJAX19

2604,1009208 ; ! CHANGE MISCELLANEOUS FIELDS !  
 DATE= ? ; DEPTDESK= ? ; SUSP= 0 ;  
 NFO= ? ; NFOCOV= ? ; ! NFO OPTION CHANGE & COVERAGE PHASE!  
 ASSGN= ? ; ! 0 - NOT ASSIGNED OR 2 - ASSIGNED !  
 OTHRSTR= ? ; ! OTHER RESTRICT CODE (0 - 9) !  
 REINS= ? ; SPECIAL= 2 ; ! REINSURED CODE (0,1,2) / USER SPECIAL CODE !  
 COMM= ? ; COMSPEC= ? ; ! BASIC COMMISSION / COMMISSION SPECIAL CODE !  
 HANDLING= ? ; ! HANDLING CODE (0,A,B OR C) !  
 RMDPAY= ? ; ! RMD PAYOUT OPTION (J - JOINT, S - SINGLE) !  
 RMDCALC= ? ; ! RMD CALCULATION (I - INITIAL, R - RECALC) !  
 SOPT= ? ; ! SETTLEMENT OPTION !  
 SCREEN= ? ;

62D1 AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL \* NOTES

UL	SS NBR	NO	17	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
	INSURED SIMON BERNSTEIN			NO 22 ZC NO /0 N 0 04/27/00 N
	7020 LIONS HEAD			PLAN- CVL0A OPTION INCLUDES CV
	BOCA RATON FL 33496			DIR-Q 17303.15 REQ MAT **/**/**
OWN(01)	SIMON BERNSTEIN			BILLING ON SCHED BILLED TO 06/27/00
	7020 LIONS HEAD			VALUE 129866.08 ISSUE 12/27/82
	BOCA RATON FL 33496			RISK 1550476.91 LAST FIN 04/27/00
				SPAMT 1689070.00 LAST BILL 02/25/00
				LOAN 38860.41 LAST ACCT 04/27/00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	12-27-99	3 MONTH PREMIUM	17,303.15
12-31-99			AMOUNT DUE	17,303.15

JAN 5 '00  
 SIMON BERNSTEIN  
 7020 LIONS HEAD  
 BOCA RATON FL 33496  
 CUSTOMER SERVICE

*APL This  
 QUATER Payment  
 Mr Bernstein*

193130303932303840404012279903017303159936501730315000000004

*Found in policy file  
 after reading Telesto  
 message of 4-24-00*

ABOVE

CAPITOL BANKERS LIFE INSURANCE COMPANY  
P.O. BOX 4174  
SPRINGFIELD, IL 62708-4174



From



Name \_\_\_\_\_

Address \_\_\_\_\_

To help us serve you better, please:

- enclose the return portion of the premium notice
- make sure the address appears in the window
- write your policy number on your check or money order
- sign and date your check

THANK YOU!

We appreciate your business.



U102,1009208 ; ACTION STOP ;.

AS OF 12/27/99

APO599 - REQUEST REQUIRED HISTORICAL INFORMATION TO BE ACCESSED

REQUEST DATE = 12/27/99 HISTORY DATE = 03/27/00

ULRSTH

ULRSTH

AP0412 - POLICY LOAN QUOTATION REQUEST

ULLN00

REQUEST TYPE = NET	CURRENT CV	\$103,610.32	PROCEEDS	\$17303.15
LOAN INTEREST RATE = 6.542%	CURRENT LOAN	\$36,318.16	ADV INT	\$0.00
REQUEST AMT = \$17303.15	MIN BALANCE	\$4,116.49	MAX LOAN	\$99493.83
	INT WITHELD	\$4,116.49		
	COST-BASIS	\$800,070.17		

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$103,610.32	\$17,303.15	

AP0011 - TRANSACTION CONTINUED

05/05/00 L680  
CICSPJAX19

HARRIET MARKILLIE  
CLIENT SERVICES

5-5-00

Telephone Message - Memo for File

Caller Name: Simon Bernstein  
 Insured Name: (same)  
 Owner Name: (same)  
 Address -  Same as on system  
7020 Orons Blvd  
Poca Raton, FL  
33496  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

Pull File  File  
 Policy Number: 1009208  
 Policy Number: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Policy Number: 777  
 SS#: 000000000  
 Case/Group Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Pay schedule: Dec./March/June/Sept.

Action Needed			
<input type="checkbox"/> Send Cash Surrender Form	<input type="checkbox"/> Cash Value Letter	<input type="checkbox"/> Illustration	<input type="checkbox"/> Loan Research
<input type="checkbox"/> Send Change of Beneficiary Form	<input type="checkbox"/> Cash Surrender Value Letter	<input type="checkbox"/> Cost of Insurance Letter	<input type="checkbox"/> Increase Benefit
<input type="checkbox"/> Send Change of Ownership Form	<input type="checkbox"/> Paid to Date Letter	<input type="checkbox"/> Option Change	<input type="checkbox"/> Own Let Form
<input type="checkbox"/> Decrease Benefit	<input type="checkbox"/> Status Change	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Send Manual Billing Statement	<input type="checkbox"/> Other _____		

Action Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Message Called because he had rec'd 2 prem. notices. One for 12/99 & 3/2000. He didn't understand the one for Dec. because he thought he had requested an APL to pay that prem. Advised I didn't show that but we would need to <sup>research</sup> ~~provide~~ the info. & we would send him a letter advising in approx. 14 bus. days.

Stated "He is sending in March 2000 prem. today."

Reps Stamp

CHRISTI SWEENEY  
 CLIENT SERVICES

4/24/2000

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

**MEMORANDUM**

**Date:** May 5, 2000  
**To:** Janet Warrick/ Vicki Timmerman/Financial  
**From:** Harriett Markillie/Client Services X728  
**Subject:** Policy No. 1009208 - Simon Bernstein, Insured/Owner

---

Janet/Vicki

Please do an Automatic Premium Loan for policy 1009208 for premium amount of \$17,303.15  
As of 27 December 1999.

Please return policy to me for a confirmation letter to be sent to PO

Thanks,

Harriett

HARRIET MARKILLIE  
CLIENT SERVICES  
5-5-00

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000494

Capitol Bankers  
Telephone Message - Memo for File

file

Caller Name: Simon Bernstein

Insured Name: S-

Owner Name: S-

Address -  Same as on system

7020 Liono Head  
Boca Raton FL  
33488

Telephone Number:

Fax Number:

Pull File  File

Policy Number: 1009208

Policy Number:

Policy Number:

Policy Number:

Policy Number:

SS#:

Case/Group Number:

Email Address:

Action Needed

- Send Cash Surrender Form
- Send Change of Beneficiary Form
- Send Change of Ownership Form
- Decrease Benefit
- Send Manual Billing Statement
- Cash Value Letter
- Cash Surrender Value Letter
- Paid to Date Letter
- Status Change
- Other
- Illustration
- Cost of Insurance Letter
- Option Change
- Reinstatement
- Loan Research
- Increase Benefit
- Own let Form

Action Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Message

Need manual bill  
for December to March  
Prem Notice 27 17303.15 27

Reps Stamp

4/14/00

AMY McGEE  
CLIENT SERVICES

**CAPITOL BANKERS**  
**LIFE INSURANCE COMPANY**

MEMORANDUM

**Date:** April 14, 2000  
**To:** Billing  
**From:** Amy McGee/Client Services  
**Subject:** Manual Bill

Please send manual billing notice for December 27 1999 premium due in the amount of \$17,303.15 and for March 27 2000 premium due 27 in the amount of \$17,303.15 on policy number 1009208 for Simon Bernstein.

Thanks  
Amy

300 EAST STATE STREET JACKSONVILLE, FL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000496

Capitol Bankers Life Insurance Company  
East State Street  
Springville, Illinois 62650  
800/825-0003

F

.....  
●  
.....  
**facsimile transmittal**

To: Marceta @ STP Enterprises      Fax: 312/809-0773  
-----  
From: Harriett Markillie/Client Services      Date: 09/22/99  
-----  
Re: Policy # 1009208 - Simon Bernstein      Pages: 4 including cover page  
-----

Urgent       For Review       Please Comment       Please Reply       Please Recycle

.....  
Thank you for your valued business. Please return the signed forms by mail as we can not accept faxed signatures. If we can be of further assistance, you may contact us at 800/825-0003.  
.....

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

22 September, 1999

Simon Bernstein  
7020 Lions Head  
Boca Raton FL 33496

Re: Policy No. 1009208 – Simon Bernstein, Insured

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It's a pleasure to be of assistance.

Enclosed is the Change of Beneficiary form as you requested. Please complete this form, being sure to name both primary and contingent beneficiaries, sign in the space provided and return it to you office. If you are naming a trust as beneficiary, please send us a copy of the trust.

Also enclosed is the transfer of ownership form as you requested. Please complete this form, being sure to have the new owner sign and list his or her social security number where designated, have the current owner sign in the space provided, and return it to our office.

When these forms are received, we will send copies of the change of beneficiary and transfer of ownership forms indicating the changes to the new owner to be placed with the policy for future reference.

If you have questions, please call us at 217-245-9531.

Sincerely,

Client Services

Enclosures

Cc: C/O Marceta

STP Enterprises

Fax : 312-819-0773

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000498

**CAPITOL BANKERS  
LIFE INSURANCE COMPANY**

Call from: MARCETA @ STP Enterprises  
Policy Owner: SIMON BERNSTEIN  
Insured: " "  
Address: 7020 LIONS HEAD  
BOCA RATON FL 33496  
Phone No.: \_\_\_\_\_

Policy No. \_\_\_\_\_  
Policy No. 1009208  
Policy No. \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Policy No. \_\_\_\_\_  
FAX No. (312) 819-0773

Message: PLEASE FAX A TRANSFER OF OWNERSHIP / CHANGE OF  
BENEFICIARY FORM TO P/O c/o MARCETA @ STP ENTERPRISES

SANDRA HARMS  
CLIENT SERVICES

By: \_\_\_\_\_  
Date: 9/21/99





April 28, 1999

SIMON BERNSTEIN  
7020 LIONS HEAD  
BOCA RATON, FL 33496

Capitol Bankers Life Insurance Company    800-825-0003  
Box 19191    FAX: 864-609-4005  
Greenville, SC 29602-9191

RE: Policy #1009208 - SIMON BERNSTEIN

Dear SIMON BERNSTEIN:

To date we have not received the premium payment of \$17,303.15 which was due Jun 27, 1999, 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, 1999:	
Net Loan	\$17,303.15
Interest	\$679.99
Gross Loan	\$17,983.14
Other Outstanding Loans	\$18,335.02
Total Loan Balance as of 12/27/99	\$36,318.16

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

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