

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 850796 (4)

1. Corporation Name

COVA FINANCIAL SERVICES LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

ONE TOWER LN  
STE 3000  
OAKBROOK TERRACE IL 60181  
US

ONE TOWER LN  
STE 3000  
OAKBROOK TERRACE IL 60181  
US

3. Date Incorporated or Qualified

10/22/1981

3a. Date of Last Report

03/09/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

43-1236042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITAL BLDG  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE

NAME STENSRUD, LORRY J.  
STREET ADDRESS 1305 ELM TREE ROAD  
CITY-STATE-ZIP LAKE FOREST IL

TITLE CD ☒ DELETE

NAME ROSS, STUART B.  
STREET ADDRESS 2 PIERWAY LANDING  
CITY-STATE-ZIP WESTPORT CT

TITLE D ☒ DELETE

NAME ALTIERI, DONALD R.  
STREET ADDRESS 10 STALLION TRAILS  
CITY-STATE-ZIP GREENWICH CT

TITLE D ☒ DELETE

NAME BOYLE, SUSAN M.  
STREET ADDRESS 440 RIVERSVILLE ROAD  
CITY-STATE-ZIP GREENWICH CT

TITLE D ☒ DELETE

NAME BYRD, SUSAN P.  
STREET ADDRESS 224 SHARP HILL ROAD  
CITY-STATE-ZIP WILTON CT

TITLE VT ☐ DELETE

NAME MAIR, WILLIAM C.  
STREET ADDRESS 7 N. 349 WESTVIEW CT.  
CITY-STATE-ZIP ST. CHARLES IL

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

P/D

☒ Change ☐ Addition

C/D  
Leonard M. Rubenstein  
105 Bon Chateau  
Creve Coeur, MO 63141

☒ Change ☐ Addition

V/S/D  
Jeffery K. Hoelzel  
8858 Ascut Court  
Orland Park, IL 60462

☒ Change ☐ Addition

T/D  
E. Thomas Hughes Jr.  
5530 Limerick  
St. Louis, MO 63128

☒ Change ☐ Addition

V/D  
J. Robert Hopson  
13141 Spring Road #105  
Oakbrook Terrace, IL 60181

☒ Change ☐ Addition

V/D

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jeffery K. Hoelzel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (708) 368-6316  
Date Daytime Phone #

CR2E034 (12/95)