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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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 60181-4644 US

3. Date Incorporated or Qualified: 10/22/1981
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: 43-1236042 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

INSURANCE COMMISSONER
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STENSRUD, LORRY J.		1.2 NAME		
STREET ADDRESS	1305 ELM TREE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUBENSTEIN, LEONARD M		2.2 NAME		
STREET ADDRESS	105 BON CHATEAU		2.3 STREET ADDRESS		
CITY-ST-ZIP	CREVE COEUR MO		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOELZEL, JEFFERY K		3.2 NAME		
STREET ADDRESS	8858 ASCOT COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLAND PARK IL		3.4 CITY-ST-ZIP		
TITLE	TDF	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, E. T JR.		4.2 NAME		
STREET ADDRESS	5530 LIMERICK		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOPSON, J. R		5.2 NAME		
STREET ADDRESS	15141 SPRING ROAD #105		5.3 STREET ADDRESS		
CITY-ST-ZIP	OAKBROOK TERRACE IL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAIR, WILLIAM C.		6.2 NAME		
STREET ADDRESS	7 N. 349 WESTVIEW CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 L. Hoelzel 2/18/97 (630)368-6316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #