

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850796 (4)  
1. Corporation Name  
COVA FINANCIAL SERVICES LIFE INSURANCE COMPANY



Principal Place of Business ONE TOWER LN STE 3000 OAKBROOK TERRACE IL 60181 US	Mailing Address ONE TOWER LN STE 3000 OAKBROOK TERRACE IL 60181 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-1236042		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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	NAME	1.1 TITLE	1.2 NAME
PO	STENSRUD, LORRY J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1305 ELM TREE ROAD		1.3 STREET ADDRESS	
LAKE FOREST IL		1.4 CITY-ST-ZIP	
CD	RUBENSTEIN, LEONARD M	2.1 TITLE	C/D
105 BON CHATEAU		2.2 NAME	Richard A. Liddy
CREVE COEUR MO		2.3 STREET ADDRESS	756 Kent Road
		2.4 CITY-ST-ZIP	St. Louis, MO 63124
VSD	HOELZEL, JEFFERY K	3.1 TITLE	V/S
8858 ASCOT COURT		3.2 NAME	Frances S. Cook
ORLAND PARK IL		3.3 STREET ADDRESS	1444 Bar Harbour
		3.4 CITY-ST-ZIP	Aurora, IL 60504
TDF	HUGHES, E. T. JR.	4.1 TITLE	
5530 LIMERICK		4.2 NAME	
ST. LOUIS MO		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
VD	HOPSON, J. R.	5.1 TITLE	
15141 SPRING ROAD #105		5.2 NAME	
OAKBROOK TERRACE IL		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
VD	MAIR, WILLIAM C.	6.1 TITLE	
7 N. 349 WESTVIEW CT.		6.2 NAME	
ST. CHARLES IL		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/98 630-368-6314

CR2E034 (10/97)