

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850796

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/22/1981

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 owes the current year Intangible
Personal Property Tax.

Yes No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE CD ☐ DELETE

NAME LIDDY, RICHARD A.
STREET ADDRESS 756 KENT ROAD
CITY-ST-ZIP ST. LOUIS MO 63124

TITLE VS ☐ DELETE

NAME COOK, FRANCES S.
STREET ADDRESS 1444 BAR HARBOUR
CITY-ST-ZIP AURORA IL 60504

TITLE TDF ☐ DELETE

NAME HUGHES, E. T JR.
STREET ADDRESS 5530 LIMERICK
CITY-ST-ZIP ST. LOUIS MO

TITLE VD ☐ DELETE

NAME HOPSON, J. R.
STREET ADDRESS 15141 SPRING ROAD #105
CITY-ST-ZIP OAKBROOK TERRACE IL

TITLE VD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90083 045 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)