

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 850796**

1. Entity Name

**COVA FINANCIAL SERVICES LIFE INSURANCE COMPANY****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90010 011 \*\*\*150.00

Principal Place of Business ONE TOWER LN STE 3000 OAKBROOK TERRACE IL 60181 US	Mailing Address ONE TOWER LN STE 3000 OAKBROOK TERRACE IL 60181-4644 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>43-1236042</b>	Applied For <input type="checkbox"/> Not Applied
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITAL BLDG  
TALLAHASSEE FL 32301**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	STENSURD, LORRY J.	NAME	
STREET ADDRESS	1305 ELM TREE ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	LIDDY, RICHARD A.	NAME	
STREET ADDRESS	756 KENT ROAD	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO 63124	CITY-ST-ZIP	
TITLE	VS	TITLE	VS
NAME	COOK, FRANCES S.	NAME	Bernard J. Spaulding
STREET ADDRESS	1444 BAR HARBOUR	STREET ADDRESS	54 Oak Creek Street
CITY-ST-ZIP	AURORA IL 60504	CITY-ST-ZIP	Burr Ridge, IL 60521
TITLE	TDF	TITLE	
NAME	HUGHES, E. T JR.	NAME	
STREET ADDRESS	5530 LIMERICK	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HOPSON, J. R	NAME	
STREET ADDRESS	15141 SPRING ROAD #105	STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK TERRACE IL	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MAIR, WILLIAM C.	NAME	
STREET ADDRESS	7 N. 349 WESTVIEW CT.	STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 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

1/18/2000

Date

630-368-6321

Daytime Phone #