

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003006

Entity Name: CORVESTA LIFE INSURANCE COMPANY**Current Principal Place of Business:**250 S NORTHWEST HIGHWAY SUITE 302
PARK RIDGE, IL 60068, IL 60068**Current Mailing Address:**250 S NORTHWEST HIGHWAY SUITE 302
PARK RIDGE, IL 60068 US**FEI Number: 86-0201136****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
PO BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CARLOS, ARTHUR C
Address	250 S NORTHWEST HIGHWAY SUITE 302
City-State-Zip:	PARK RIDGE, IL 60068 IL 60068

Title	CFO
Name	WRAY, MARK
Address	250 S NORTHWEST HIGHWAY SUITE 302
City-State-Zip:	PARK RIDGE, IL 60068 IL 60068

Title	SECRETARY
Name	BLOOM, MICHAEL S
Address	1601 TRAPELO ROAD, SUITE 30
City-State-Zip:	WALTHAM MA 02451

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK WRAY**CFO****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date