2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am Secretary of State DOCUMENT # 818908 1. Entity Name 03-24-2002 90008 019 ***150 00 CONSECO VARIABLE INSURANCE COMPANY Principal Place of Business Mailing Address 11815 N PENNSYLVANIA ST 11815 N PENNSYLVANIA ST P O BOX 1911 **DEPT A2A** CARMEL IN 46032 CARMEL IN 46032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 75-0300900 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER AND TREASURER Street Address (P.O. Box Number is Not Acceptable) CAPITOL BLDG TALLAHASSEE FL 32301 City Zin Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE X Delete TITLE Change Addition NAME CUNEO, NGAIRE E NAME 11815 N PENNSYLVANIA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARMEL IN CITY-ST-ZIP Change XX Addition TITLE X Delete TITLE GEORGAKOPOULOS, ELIZABETH C. 11815 N. PENNSYLVANIA STREET NAME KILIAN, THOMAS J NAME 11815 N PENNSYLVANIA ST STREET ADDRESS STREET ADDRESS CARMEL, IN 46032 CITY-ST-2IP CITY-ST-7IP CARMEL IN ☐ Delete TITLE Change Addition TITLE SHEA, WILLIAM J. 11815 N. PENNSYLVANIA STREET NAME NAME DEVANNEY, WILLIAM T JR. STREET ADDRESS 11815 N PENNSYLVANIA ST STREET ADDRESS CARMEL, IN 46032 CITY-ST-ZIP CITY-ST-ZIP CARMEL IN TITLE **EVSD** ☐ Delete TITLE ☐ Change ☐ Addition NAME HERZOG, DAVID K NAME STREET ADDRESS 11815 N PENNSYLVANIA ST STREET ADDRESS CITY-ST-ZIP **CARMEL IN** CITY-ST-7IP TITLE TITLE SVPT ☐ Delete xx Change ☐ Addition SVPTD NAME NAME ADAMS, JAMES S STREET ADDRESS 11815 N PENNSYLVANIA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CARMEL IN TITLE SVAS X Delete TITLE SVAS ₹X Addition ☐ Change KINDIG, KARL W. NAME COLLIFLOWER, MICHAEL A NAME 11815 N. PENNSYLVANIA ST. 11815 N PENNSYLVANIA ST STREET ADDRESS STREET ADDRESS CARMEL, IN 46032 CITY-ST-ZIP CITY-ST-ZIP CARMEL IN

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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. (317) 817-6000 2/27/02 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date