

**AMENDED**

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 NOV 19 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 818908

1. Entity Name  
Conseco Variable Insurance Company

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2. Principal Place of Business

|  |   |
|--|---|
| 300 Distillery Commons, Suite 300<br>Louisville, KY<br>40206 USA | Mailing Address<br>300 Distillery Commons, Suite 300<br>Louisville, KY<br>40206 USA |
|--|---|

**DO NOT WRITE IN THIS SPACE**

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4. FEI Number 75-0300900 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road  
City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida.

SIGNATURE: Susan J. Metze, Asst Secy *Susan J. Metze* DATE: 11-8-02

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required for reinstatement)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$650.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fee

| 11. OFFICERS AND DIRECTORS   |  |
|--|--|
| TITLE: David A. Smilow, Director<br>NAME: Co-Chairman & Chief Executive Officer<br>STREET ADDRESS: 435 Hudson St, 2nd Floor<br>CITY-ST-ZIP: New York, NY 10014 | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |
| TITLE: Tracey Hecht Smilow<br>NAME: Co-Chairman, Director<br>STREET ADDRESS: 435 Hudson St, 2nd Floor<br>CITY-ST-ZIP: New York, NY 10014                       | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |
| TITLE: Dean C. Kehler<br>NAME: Director<br>STREET ADDRESS: 425 Lexington Avenue<br>CITY-ST-ZIP: New York, NY 10017   | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |
| TITLE: Thomas W. Leaton<br>NAME: Director<br>STREET ADDRESS: 305 Roosevelt Ct, N.E.<br>CITY-ST-ZIP: Vienna, VA 22180   | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |
| TITLE: Shane W. Gleeson<br>NAME: President<br>STREET ADDRESS: 300 Distillery Commons, Suite 300<br>CITY-ST-ZIP: Louisville, KY 40206                           | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |
| TITLE: *See Attached<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]   | TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank] |

**DO NOT WRITE IN THIS SPACE**

*Shane W. Gleeson*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Shane W. Gleeson* **Shane W. Gleeson, President** 502-587-7626 ext3836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34B (12/01)

\*11. Officers and Directors

Title: Chief Financial Officer & Treasurer  
Name: Mark E. Singleton  
Street Address: 435 Hudson St., 2<sup>nd</sup> Floor  
City, St, Zip: New York, NY 10014

Title: Controller  
Name: Martin W. Catron  
Street Address: 435 Hudson St., 2<sup>nd</sup> Floor  
City, St, Zip: New York, NY 10014

Title: General Counsel & Secretary  
Name: Craig A. Hawley  
Street Address: 300 Distillery Commons, Suite 300  
City, St, Zip: Louisville, KY 40206

Title: Director of Sales and Marketing  
Name: Todd P. Solash  
Street Address: 435 Hudson St., 2<sup>nd</sup> Floor  
City, St, Zip: New York, NY 10014

Title: Director - Mergers and Acquisitions  
Name: Eric J. Solash  
Street Address: 435 Hudson St., 2<sup>nd</sup> Floor  
City, St, Zip: New York, NY 10014

Title: Director of Sales  
Name: Mary C. Kaczmarek  
Street Address: 435 Hudson St., 2<sup>nd</sup> Floor  
City, St, Zip: New York, NY 10014

Title: Director - Administration  
Name: Christopher J. Tosney  
Street Address: 300 Distillery Commons, Suite 300  
City, St, Zip: Louisville, KY 40206

Title: Director- Information Technology  
Name: John G. Smith  
Street Address: 300 Distillery Commons, Suite 300  
City, St, Zip: Louisville, KY 40206

Title: Chief Actuary  
Name: Gary Thomas  
Street Address: 300 Distillery Commons, Suite 300  
City, St, Zip: Louisville, KY 40206

Title: Chief Underwriter  
Name: Martha Reesor  
Street Address: 300 Distillery Commons, Suite 300  
City, St, Zip: Louisville, KY 40206