


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90280 026 ***150.00

DOCUMENT # M02000000576

1. Entity Name
CONSECO SERVICES, LLC



Principal Place of Business 11825 NORTH PENNSYLVANIA STREET CARMEL, IN 46032	Mailing Address 11825 NORTH PENNSYLVANIA STREET CARMEL, IN 46032
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24041075



03192004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1965822	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSECO MANAGEMENT SERVICES COMPANY 11825 N PENNSYLVANIA ST., CARMEL, IN 46032
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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karl W Kindig Karl W. Kindig, Asst. Secretary 4/11/2004 317-817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #