

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90100 001 ****50.00

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01052005 No Chg-LLC CR2E083 (10/03)

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

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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DO NOT WRITE IN THIS SPACE

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CONSECO MANAGEMENT SERVICES COMPANY 11825 N PENNSYLVANIA ST., CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE 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: *William T. Devanney* WILLIAM T. DEVANNEY, JR., SR. VP *1/24/05* 317-817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #