




**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | | |
|---|--|---|--|---|--|
| 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 | | |
| 2. Principal Place of Business 11825 N. Pennsylvania St. | | 3. Mailing Address 11825 N. Pennsylvania St. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Carmel, Indiana | | City & State Carmel, Indiana | | 4. FEI Number 35-1965822 | |
| Zip 46032 | | Country U.S.A. | | Applied For Not Applicable | |
| Zip 46032 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent Signature required when applicable) _____ DATE _____ | | | | | |
|  | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Conseco Management Services Company, Manager 11825 N. Pennsylvania St., Carmel, Indiana 46032 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 606, Florida Statutes. | | | | | |
| SIGNATURE:  | | William T. Devanney, Jr. | | 8/11/03 317-817-6000 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |

90150413



CHECK HERE IF MAKING CHANGES

CR2E003 (10/02)