

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818938

Entity Name: CONSECO LIFE INSURANCE COMPANY**Current Principal Place of Business:**11825 N PENNSYLVANIA STREET
CARMEL, IN 46032**Current Mailing Address:**11825 N PENNSYLVANIA STREET
CARMEL, IN 46032**FEI Number:** 04-2299444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	NICKELE, CHRISTOPHER J
Address	11825 N PENNSYLVANIA STREET
City-State-Zip:	CARMEL IN 46032

Title	D
Name	BARTA, THOMAS D
Address	11825 N. PENNSYLVANIA STREET
City-State-Zip:	CARMEL IN 46032

Title	S
Name	KINDIG, KARL W
Address	11825 N. PENNSYLVANIA STREET
City-State-Zip:	CARMEL IN 46032

Title	T
Name	HELDING, ERIK M
Address	11825 N. PENNSYLVANIA STREET
City-State-Zip:	CARMEL IN 46032

Title	D
Name	STEWART, BARBARA S
Address	11825 N. PENNSYLVANIA STREET
City-State-Zip:	CARMEL IN 46032

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARL W KINDIG**SECRETARY****04/18/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date