

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-24-2005 90050 033 \*\*\*150.00

**DOCUMENT # 818938**

1. Entity Name

CONSECO LIFE INSURANCE COMPANY



Principal Place of Business

11815 N. PENNSYLVANIA STREET  
CARMEL, IN 46032

Mailing Address

11815 N. PENNSYLVANIA STREET  
DEPT. A2A  
CARMEL, IN 46032 US

**50005618**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11815 N. PENNSYLVANIA ST.

Suite, Apt. #, etc.

City & State

CARMEL, IN

Zip

Country

46032

USA

01032005

Chg-P

CR2E034 (10/03)

4. FEI Number

04-2299444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<del>SHEA, WILLIAM J</del>	
STREET ADDRESS	11815 N. PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	<del>SQUAROK, JOHN M</del>	
STREET ADDRESS	222 MERCHANDISE MART PLAZA	
CITY-ST-ZIP	CHICAGO, IL 60654	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<del>KINDIG, KARL W</del>	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<del>MURPHY, DANIEL J</del>	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>RUHL, RONALD F</del>	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>BULLIS, EUGENE M</del>	
STREET ADDRESS	11815 N PENNSYLVANIA ST	
CITY-ST-ZIP	CARMEL, IN 46032	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM S. KIRSCH	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE M. BULLIS	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL W. KINDIG	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL J. MURPHY	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD F. RUHL	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE M. BULLIS	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karl W Kindig*

KARL W. KINDIG, SECRETARY

1-20-2005 317-817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #