

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90137 010 ***150.00

DOCUMENT # 818938

1. Entity Name

CONSECO LIFE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

60008841

2. Principal Place of Business
11815 N. PENNSYLVANIA ST.

3. Mailing Address
11815 N. PENNSYLVANIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CARMEL, IN36-1933760

City & State
CARMEL, IN

4. FEI Number **04-2299444**

Applied For
Not Applicable

Zip
46032

Country

Zip
46032

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **COMMISSIONER OF INSURANCE AND TREASURE**

Street Address (P.O. Box Number is Not Acceptable)

CAPITAL BUILDING

City **TALLAHASSEE**

FL

Zip Code
32304

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1- May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD ELIZABETH GEORGAKOPOULOS
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVP WILLIAM T. DEVANNEY, JR.
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS DAVID K. HERZOG
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT DANIEL J. MURPHY
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVAS RICHARD R. DYKHOUSE
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D DAVID K. HERZOG
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Willam T. Devanney, Jr.

WILLIAM T. DEVANNEY, JR.

1-15-03

317-817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)