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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 839476

1. Corporation Name
CONSECO ANNUITY ASSURANCE COMPANY

Principal Place of Business
222 MERCHANDISE MART PLAZA
CHICAGO IL 60654
US

Mailing Address
11825 N PENNSYLVANIA STREET
DEPT A2A
CARMEL IN 46032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1977

4. FEI Number
45-0103436

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

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 11815 N. Pennsylvania St.

22 City & State

27 Dept. A2A
28 City & State
Carmel, IN

23 Zip Country

29 46032 Country
30 US

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBD	<input type="checkbox"/> DELETE
NAME	HILBERT, STEPHEN C	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KILIAN, THOMAS J	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	DICK, ROLLIN M	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	
TITLE	EVSD	<input type="checkbox"/> DELETE
NAME	SABL, JOHN J	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	
TITLE	SVPT	<input type="checkbox"/> DELETE
NAME	ADAMS, JAMES S	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	
TITLE	SVAS	<input type="checkbox"/> DELETE
NAME	COLLIFLOWER, MICHAEL A	
STREET ADDRESS	11815 N PENNSYLVANIA STREET	
CITY-ST-ZIP	CARMEL IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	46032
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	46032
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	46032
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	46032
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	46032
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	46032

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert E. Burkett, Jr. 4/27/99

(317)817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)