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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 839476

1. Entity Name
CONSECO ANNUITY ASSURANCE COMPANY

Principal Place of Business	Mailing Address
11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	11815 N. PENNSYLVANIA ST. CARMEL, IN 46032

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
11815 N. PENNSYLVANIA ST.	11815 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CARMEL, IN	City & State: CARMEL, IN
Zip: 46032 Country:	Zip: 46032 Country:

4. FEI Number: 45-0103436 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	EVPS	☐ Delete	TITLE	PD	☐ Change ☐ Addition
NAME	HERZOG, DAVID K		NAME	WILLIAM J. SHEA	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	PD	☐ Delete	TITLE	CFO/D	☐ Change ☐ Addition
NAME	GEORGAKOPOULOS, ELIZABETH C		NAME	EUGENE M. BULLIS	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SV	☐ Delete	TITLE	S	☐ Change ☐ Addition
NAME	DEVANNEY, WILLIAM T JR.		NAME	KARL W. KINDIG	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	D	☐ Delete	TITLE	SR. VP	☐ Change ☐ Addition
NAME	HERZOG, DAVID K		NAME	WILLIAM T. DEVANNEY, JR.	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SVAS	☐ Delete	TITLE	T	☐ Change ☐ Addition
NAME	DYKHOUSE, RICHARD R		NAME	DANIEL J. MURPHY	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11825 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		CITY-ST-ZIP	CARMEL, IN 46032	
TITLE	SVPT	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	MURPHY, DANIEL J		NAME	RONALD F. RUHL	
STREET ADDRESS	11815 N. PENNSYLVANIA ST.		STREET ADDRESS	11815 N. PENNSYLVANIA ST.	
CITY-ST-ZIP	CARMEL, IN 46032		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: _____ WILLIAM T. DEVANNEY, JR., SR. VP 4/11/2004 317-817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #