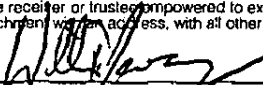


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 839476			
1. Entity Name CONSECO ANNUITY ASSURANCE COMPANY			
Principal Place of Business 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032		Mailing Address 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	
2. Principal Place of Business 11815 N. PENNSYLVANIA ST.		3. Mailing Address 11815 N. PENNSYLVANIA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CARMEL, IN		City & State CARMEL, IN	
Zip 46032	Country	Zip 46032	Country
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	EVPS HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM J. SHEA 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGAKOPOULOS, ELIZABETH C 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DEVANNEY, WILLIAM T JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARL W. KINDIG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, DAVID K 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. VP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVAS DYKHOUSE, RICHARD R 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL J. MURPHY 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT MURPHY, DANIEL J 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD F. RUHL 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 ☐ Change ☐ Addition
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 #	