

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90654 045 ***150.00

0624269 AT

DOCUMENT # 843543

1. Entity Name

CONSECO HEALTH INSURANCE COMPANY

Principal Place of Business

**11815 N. PENNSYLVANIA ST.
CARMEL IN 46032
US**

Mailing Address

**11815 N. PENNSYLVANIA ST.
DEPT. A2A
CARMEL IN 46032
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

34-1083130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GEORGAKOPOULOS, ELIZABETH C**
STREET ADDRESS **11815 N. PENNSYLVANIA ST.**
CITY-ST-ZIP **CARMEL IN 46032**

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

TITLE **EVSD** ☐ Delete
NAME **HERZOG, DAVID K**
STREET ADDRESS **11815 N PENNSYLVANIA ST**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **PD** ☒ Delete
NAME **KILIAN, THOMAS J**
STREET ADDRESS **11815 N PENNSYLVANIA ST**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **SVPT** ☐ Delete
NAME **ADAMS, JAMES S**
STREET ADDRESS **11815 N PENNSYLVANIA ST**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **SVPA** ☒ Delete
NAME **COLLIFLOWER, MICHAEL A**
STREET ADDRESS **11815 N PENNSYLVANIA ST**
CITY-ST-ZIP **CARMEL IN 46032**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **SHEA, WILLIAM J.**
STREET ADDRESS **11815 N. PENNSYLVANIA ST.**
CITY-ST-ZIP **CARMEL, IN 46032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVTD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVAS** ☐ Change ☒ Addition
NAME **KINDIG, KARL W.**
STREET ADDRESS **11815 N. PENNSYLVANIA STREET**
CITY-ST-ZIP **CARMEL, IN 46032**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard R. Dykhous
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD R. DYKHOUSE

2/27/02

Date

(317) 817-6000

Daytime Phone #

CR2E034 (9/01)

CONSECO SERVICES, L.L.C.
11815 N. Pennsylvania Street
P.O. Box 1911
Carmel, Indiana 46082-1911



March 18, 2002

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32399

RE: CONSECO HEALTH INSURANCE COMPANY
Uniform Business Report

Dear Sir or Madam:

Enclosed for filing please find the 2002 Uniform Business Report for the above referenced company. A check in the amount of \$150.00 is enclosed for the fees associated with this filing.

Thank you for your immediate processing of this report. If you have any questions concerning this filing, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in cursive script, appearing to read "AB", is written over the name "Anna Buschmann".

Anna Buschmann
Corporate Paralegal
1-800-888-4918, ext. 6344
(317)817-6344

Enclosures

Attachment + Doc#
843543
615356

CONSECO SERVICES, L.L.C.
11815 N. Pennsylvania Street
P.O. Box 1911
Carmel, Indiana 46082-1911



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