


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90050 032 \*\*\*150.00

<b>DOCUMENT # 843543</b>			
1. Entity Name <b>CONSECO HEALTH INSURANCE COMPANY</b>			
Principal Place of Business <b>11815 N. PENNSYLVANIA STREET CARMEL, IN 46032</b>		Mailing Address <b>11815 N. PENNSYLVANIA STREET DEPT. A2A CARMEL, IN 46032 US</b>	
2. Principal Place of Business		3. Mailing Address <b>11815 N. PENNSYLVANIA ST.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>CARMEL, IN</b>	
Zip	Country	Zip	Country
<b>46032</b>	<b>USA</b>	<b>46032</b>	<b>USA</b>
4. FEI Number <b>34-1083130</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIEF FINANCIAL OFFICER                  P O BOX 6200 (32314-6200)                  200 E. GAINES ST                  TALLAHASSEE, FL 32399-0000</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD <del>SHEA, WILLIAM P</del> 11815 N. PENNSYLVANIA STREET CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO WILLIAM S. KIRSCH 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD <del>SQUAROK, JOHN M</del> 222 MERCHANDISE MART PLAZA CHICAGO, IL 60654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>KINDIG, KARL W</del> 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARL W. KINDIG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <del>MURPHY, DANIEL J</del> 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL J. MURPHY 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>RUHL, RONALD F</del> 11815 N PENNSYLVANIA ST CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALD F. RUHL 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>BULLIS, EUGENE M</del> 11815 N PENNSYLVANIA ST CARMEL, IN 46032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUGENE M. BULLIS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>Karl W Kindig</i> <b>KARL W. KINDIG, SECRETARY</b>		Date: <b>1-20-2005</b> Daytime Phone #: <b>317-817-6000</b>	

**50005619**



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