


FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90303 044 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 843543
 1. Entity Name
CONSECO HEALTH INSURANCE COMPANY



80017453

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11815 N. PENNSYLVANIA ST.
 Suite, Apt. #, etc.

3. Mailing Address
11815 N. PENNSYLVANIA ST.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CARMEL, IN36-1933760

City & State
CARMEL, IN

Zip
46032

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

7. Name and Address of Current Registered Agent

Name **COMMISSIONER OF INSURANCE AND TREASURE**

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

City **TALLAHASSEE** FL Zip Code **32304**

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELIZABETH GEORGAKOPOULOS 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP WILLIAM T. DEVANNEY, JR. 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPS DAVID K. HERZOG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT DANIEL J. MURPHY 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVAS RICHARD R. DYKHOUSE 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID K. HERZOG 11815 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William T. Devanney* WILLIAM T. DEVANNEY, JR. 1-17-2003 317-817-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year Phone #

CR2E034B (12/02)