

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90577 018 \*\*\*150.00

**DOCUMENT # 853137**

1. Entity Name

**BANKERS NATIONAL LIFE INSURANCE COMPANY**

Principal Place of Business

**11815 N. PENNSYLVANIA STREET  
P.O. BOX 1911  
CARMEL IN 46032**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**75-1056842**

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

**STATE INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **CAREY, JAMES D**  
STREET ADDRESS **11815 N PENNSYLVANIA ST**  
CITY-ST-ZIP **CARMEL IN**

TITLE **D** ☐ Change ☒ Addition  
NAME **WILLIAM J. SHEA**  
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**

TITLE **PD** ☐ Change ☒ Addition  
NAME **ELIZABETH C. GEORGAKOPOULOS**  
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**

TITLE **D** ☐ Change ☒ Addition  
NAME **RONALD F. RUHL**  
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**

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

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

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

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

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

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:

**KARL W. KINDIG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(317) 817-6000

Date

Daytime Phone #

CP2E034 (9/01)

Attachment  
Document # 853137

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



326584

February 14, 2002

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


RE: Bankers National Life 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,



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

Enclosures

Attachment  
Document # 853137



CONSECO.

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

326584

February 14, 2002

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

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Sincerely,

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

Enclosures

CL-E9BRCORP (4/98)

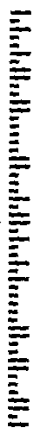
326584

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 10 CARMEL, IN

POSTAGE WILL BE PAID BY ADDRESSEE

CONSECO SERVICES, L.L.C.  
ATTN: *Anna Bushman B2B*  
11815 N PENNSYLVANIA ST  
CARMEL, IN 46032-9913



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

