

FD6000006188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

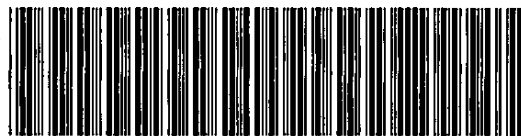
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/28

8606-42048

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Conseco Insurance Company

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kathy Hancock

(Name of Person)

Conseco Services, LLC

(Firm/Company)

11825 North Pennsylvania Street, J1J

(Address)

Carmel, Indiana 46032

(City/State and Zip code)

For further information concerning this matter, please call:

Kathy Hancock

(Name of Person)

at ( 317 ) 817-4028

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2006

KATHY HANCOCK  
CONSECO SERVICES, LLC  
11825 NORTH PENNSYLVANIA STREET, J1J  
CARMEL, IN 46032

SUBJECT: CONSECO INSURANCE COMPANY  
Ref. Number: W06000042048

We have received your document for CONSECO INSURANCE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 628, Florida Statutes, requires all insurers in Florida to list the Chief Financial Officer as their registered agent. The registered office address is: Department of Financial Services, 200 E. Gaines St., Tallahassee, FL 32399.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 506A00057133



CONSECO.

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

September 27, 2006

**VIA OVERNIGHT MAIL**

Florida Department of State  
New Filing Sect/Div of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Attn: Ruby Dunlap, Regulatory Specialist

Re: Conseco Insurance Company FEIN 45-0103436  
Your Ref. Number: W06000042048

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06 SEP 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Ms. Dunlap:

Pursuant to your letter dated September 25, 2006, and our telephone conversations, we have designated the Chief Financial Officer as registered agent and resubmit the enclosed Cover Letter, original and one copy of an Application by Foreign Corporation for Authorization to Transact Business in Florida and Certificate of Authority from the Illinois Department of Insurance. Conseco Insurance Company is an Illinois domiciled insurance company and Illinois statutes do not require insurance companies to be registered with the Secretary of State. Therefore we are providing the Certificate of Authority as it is the Department of Insurance's equivalent to a Certificate of Existence.

We have previously submitted a check made payable to the Florida Dept. of State in the amount of \$87.50 representing filing fee, Certificate of Status and Certified Copy.

Please return a file-marked copy, the Certificate of Status and Certified Copy to me in the self-addressed, stamped envelope enclosed for your convenience.

Thanks again for your help. Please feel free to give me a call if you should have any questions.

Sincerely,

*Kathy Hancock*

Kathy Hancock  
Corporate Paralegal  
1-800-888-4918, ext. 4028  
(317) 817-4028 Fax: (317) 817-5828  
e-mail: [kathy\\_hancock@conseco.com](mailto:kathy_hancock@conseco.com)

Enclosures

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Conseco Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 45-0103436

(FEI number, if applicable)

4. 1/25/51

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 11/7/77

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 222 Merchandise Mart Plaza, Chicago, Illinois 60654

(Principal office address)

11825 N. Pennsylvania Street, Carmel, Indiana 46032

(Current mailing address)

8. insurance company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: Department of Financial Services

200 E. Gaines St., Tallahassee, Florida 32399

(City)

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

**FILED**  
09 SEP 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director, Michael J. Dubes

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Director, Eugene M. Bullis

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Director: Ronald F. Ruhl

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Director:

Address:

B. OFFICERS

President: Michael J. Dubes

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Vice President: William T. Devanney, Jr.

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Secretary: Karl W. Kindig

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

Treasurer: Daniel J. Murphy

Address: 11825 N. Pennsylvania Street, Carmel, Indiana 46032

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Karl W. Kindig

(Signature of Director or Officer listed in number 12 of the application)

14.

Karl W. Kindig, Secretary

(Typed or printed name and capacity of person signing application)

# STATE OF ILLINOIS



## Department of Financial and Professional Regulation Division of Insurance

WHEREAS, the **Conseco Insurance Company** located at Chicago in the State of ILLINOIS was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the said Company is authorized to transact its appropriate business as set forth under Clause(s) (a) Life and (b) Accident & Health of Class 1 of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.

DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the  
State of Illinois;

DIVISION OF INSURANCE

Date: September 20, 2006

*Michael T. McRaith*

Michael T. McRaith  
Director



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06 SEP 28 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA