

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004186

1. Entity Name
CONSECO AGENCY, INC.

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90002 033 ***550.00

Principal Place of Business
1100 LANDMARK TOWERS
345 ST PETER STREET
ST. PAUL MN 55102-1658
US

Mailing Address
1100 LANDMARK TOWERS
345 ST PETER STREET
ST. PAUL MN 55102-1658
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1100 Landmark Towers
Suite, Apt. #, etc.
345 ST. Peter Street
City & State
ST. Paul, mn
Zip
55102
Country
USA

3. Mailing Address
300 Landmark Towers
Suite, Apt. #, etc.
345 ST. Peter Street
City & State
ST. Paul, mn
Zip
55102
Country
USA

4. FEI Number 41-1254595
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	TITLE		☐ Change ☐ Addition
NAME	CRITTENDEN, BRUCE A		NAME		
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST PETER ST		STREET ADDRESS		
CITY-ST-ZIP	ST. PAUL MN 55102		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE	SVP-T	☒ Change ☐ Addition
NAME	KNIGHT, PHYLLIS A.		NAME	Knigh, Phyllis	
STREET ADDRESS	800 LANDMARK TOWERS 345 ST PETER ST		STREET ADDRESS	11825 N. Pennsylvania Street	
CITY-ST-ZIP	ST. PAUL MN		CITY-ST-ZIP	Carmel, IN 46032	
TITLE	SVCT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEVANNEY, JR, WILLIAM T		NAME		
STREET ADDRESS	11825 N PENNSYLVANIA ST		STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN 46032		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUGUELET, JOSEPH E I		NAME		
STREET ADDRESS	3500 YANKEE ROAD SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	EAGAN MN 55121		CITY-ST-ZIP		
TITLE	SVP	☐ Delete	TITLE	SVP + D	☒ Change ☐ Addition
NAME	GOTTESMAN, JOEL H.		NAME		
STREET ADDRESS	1100 LANDMARK TOWERS, 345 ST. PETER ST		STREET ADDRESS		
CITY-ST-ZIP	ST PAUL MN		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	as	☐ Change ☒ Addition
NAME	ANDERSON, KEITH A		NAME	Wanda J. Lamb-Lindow	
STREET ADDRESS	1100 LANDMARK TOWERS 345 ST PETER STREET		STREET ADDRESS	300 Landmark Towers, 345 St. Peter Street	
CITY-ST-ZIP	ST PAUL MN 55102		CITY-ST-ZIP	ST. Paul, mn 55102	

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: Wanda J. Lamb-Lindow DATE: 8/18/00 (651) 293-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (5/00)