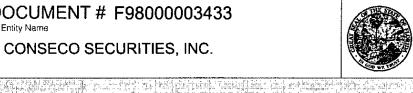
## PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98000003433

1. Entity Name

CONSECO SECURITIES, INC.



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of 11825 N. PEN	Business INSYLVANIA ST.	3. Mailing Address 11825 N. PEN	3. Mailing Address 11825 N. PENNSYLVANIA ST.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State CARMEL, IN		City & State CARMEL, IN		4. FEI Number					
Zip 46032	Country	<sup>Zip</sup> 46032	Country	5. Certificate o					

DO NOT WRITE IN THIS SPACE

Applied For 22-3120482 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD.

City PLANTATION

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

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NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CiTY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

January 1 - May 1 Fee is \$150.00 😓

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstatura)

9. Election Campaign Financing \$5.00 May Be

Added to Fees

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

OFFICERS AND DIRECTORS 10. TITLE

THLE SVP DAVID J. BARRA NAME 11825 N. PENNSYLVANIA ST. STREET ADDRESS CARMEL, IN 46032 CITY+ST-ZIP TITLE SVP WILLIAM T. DEVANNEY, JR.

500014319285 03/18/03--01048--013

Trust Fund Contribution.

CARMEL, IN 46032 CITY-ST-ZIP SVPDS WILLIAM P. KOVACS 11825 N. PENNSYLVANIA ST. STREET ADDRESS

11825 N. PENNSYLVANIA ST.

TITLE NAME STREET ADDRESS CARMEL, IN 46032 CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIII F NAME

STREET ADDRESS CITY-ST-ZIP. THLE

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 cath; that I am an officer or director of the corporation or the repeiver 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 addre

WILLIAM T. DEVANNEY, JR.

**03/13/2003** 317-817-6000

Davirce Phone #

CR2E034B (12/02)

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