


03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003433	
1. Entity Name CONSECO SECURITIES, INC.	

FILED

03 MAR 18 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11825 N. PENNSYLVANIA ST.		3. Mailing Address 11825 N. PENNSYLVANIA ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CARMEL, IN		City & State CARMEL, IN	
Zip 46032	Country	Zip 46032	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 22-3120482		Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name CT CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND RD.			
City PLANTATION		FL	Zip Code 33324

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 reinstating) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DAVID J. BARRA 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500014319285 03/18/03--01048--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPDS WILLIAM P. KOVACS 11825 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, JR. 03/13/2003 317-817-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)