

03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11724

1. Entity Name

CONSECO EQUITY SALES, INC.



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.

DO NOT WRITE IN THIS SPACE

City & State
CARMEL, IN

City & State
CARMEL, IN

4. FEI Number 75-13015373

Applied For
Not Applicable

Zip
46032

Country

Zip
46032

Country

5. Certificate of Status Desired ☐

\$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

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD DAVID D. HUMM 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	900014319249 03/18/03--01048--011 **150.00
SVP WILLIAM T. DEVANNEY, JR. 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	
SVPAS RONALD L. JACKSON 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	
SVPS WILLIAM P. KOVACS 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	DO NOT WRITE IN THIS SPACE
SVPT DANIEL J. MURPHY 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032	

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 link empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM T. DEVANNEY, JR.

Date

Daytime Phone #

03/13/2003

317-817-6000

CR2E034B (12/02)