

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 008 ***150.00

DOCUMENT # P11951

1. Entity Name

CONSECO SENIOR HEALTH INSURANCE COMPANY

Principal Place of Business

Mailing Address

11815 N. PENNSYLVANIA ST., DEPT. B2B

11815 N. PENNSYLVANIA ST., DEPT. B2B

CARMEL, IN 46032

CARMEL, IN 46032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 23-0704970

Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

427795

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER

THE CAPITOL BUILDING

TALLAHASSEE, FL 32301

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

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

(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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME	PD ELIZABETH C. GEORGAKOPOULOS <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	SVPT JAMES S ADAMS <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	EVPS DAVID K. HERZOG <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	SVP WILLIAM T. DEVANNEY, JR. <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	SVPAS KARL W. KINDIG <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	D WILLIAM J SHEA <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11815 N. PENNSYLVANIA ST., CARMEL, IN 46032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Karl W Kindig

KARL W. KINDIG, ASSISTANT SECRETARY

2/27/02

317-817-6344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

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

427795



March 8, 2002

Florida Department of State
Secretary of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32399

RE: 2002 Uniform Business Report

Dear Sir or Madam:

Enclosed for filing please find the 2002 Uniform Business Report for the following companies along with filing fees:

- CONSECO ANNUITY ASSURANCE CO
- DESIGN BENEFIT PLANS
- CONSECO SENIOR HEALTH INS CO
- CONSECO EQUITY SALES

Thank you for your immediate processing of this report. If you have any questions concerning this filing, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in cursive script, appearing to read "AB", enclosed within a circular stamp or seal.

Anna Buschmann
Corporate Paralegal
1-800-888-4918, ext. 6344
(317)817-6344

Enclosures