

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90026 026 ***150.00

DOCUMENT # P11951

1. Entity Name
CONSECO SENIOR HEALTH INSURANCE COMPANY



Principal Place of Business
**11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

Mailing Address
**11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032**

94040066



2. Principal Place of Business
11815 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.

3. Mailing Address
11815 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.

03182004 Chg-P CR2E034 (10/03)

City & State
CARMEL, IN

City & State
CARMEL, IN

4. FEI Number
23-0704970

Applied For
Not Applicable

Zip
46032

Country

Zip
46032

Country

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

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPS
HERZOG, DAVID K
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
WILLIAM J. SHEA
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GEORAKOPOULOS, ELIZABETH C
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO/D
EUGENE M. BULLIS
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SV
DEVANNEY, WILLIAM T JR.
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KARL W. KINDIG
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HERZOG, DAVID K
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DANIEL J. MURPHY
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVAS
DYKHOUSE, RICHARD R
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RONALD F. RUHL
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPT
MURPHY, DANIEL J
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANIEL J. MURPHY
11815 N. PENNSYLVANIA ST.
CARMEL, IN 46032** ☒ Change ☒ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karl W. Kindig

KARL W. KINDIG, SECRETARY

3/25/2004

317-817-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #