

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90064 042 ***150.00

6895980
 68

DOCUMENT # V12361

1. Entity Name

NAL INSURANCE SERVICES, INC.

Principal Place of Business

**5217 COCONUT CREEK PARKWAY
 MARGATE FL 33063
 US**

Mailing Address

**11825 NORTH PENNSYLVANIA STREET
 #B2B
 CARMEL IN 46032
 US**

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

65-0326597

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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 ☐ Delete
 NAME **S**
 STREET ADDRESS **DYKHOUSE, RICHARD R**
 CITY-ST-ZIP **11825 N. PENNSYLVANIA ST.
 CARMEL IN 46032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PTCO**
 STREET ADDRESS **LARKIN, JAMES J**
 CITY-ST-ZIP **11825 N. PENNSYLVANIA ST.
 CARMEL IN 46032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **COBD**
 STREET ADDRESS **LARKIN, JAMES J**
 CITY-ST-ZIP **11825 NORTH PENNSYLVANIA STREET
 CARMEL IN 46032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BONNET, MICHAEL**
 CITY-ST-ZIP **745 FIFTH AVENUE, SUITE 2700
 NEW YORK NY 10151**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **BD**
 STREET ADDRESS **LARKIN, JAMES J**
 CITY-ST-ZIP **11825 N. PENNSYLVANIA ST.
 CARMEL IN 46032**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SVPD**
 STREET ADDRESS **BONNET, MICHAEL**
 CITY-ST-ZIP **745 FIFTH AVE., STE. 2700
 NEW YORK NY 10151**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Richard R. Dykhouse
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard R. Dykhouse

(317) 817-6000

Date

Daytime Phone #

CR2E034 (9/01)

Doc# V12361
40259

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



January 17, 2002

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

RE: NAL Insurance Services, Inc.
Uniform Business Report

Dear Sir or Madam:

Enclosed for filing please find the 2002 Uniform Business Report for the above referenced company. A check in the amount of \$150.00 is enclosed for the fees associated with this filing.

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 "Anna Buschmann".

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

Enclosures