**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 18, 2014**
**Secretary of State**
**CC9874153801**

DOCUMENT# 818938

**Entity Name:** CONSECO LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

11825 N PENNSYLVANIA STREET
CARMEL, IN 46032

**Current Mailing Address:**

11825 N PENNSYLVANIA STREET
CARMEL, IN 46032

**FEI Number: 04-2299444**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

*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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PD |
| Name | NICKELE, CHRISTOPHER J |
| Address | 11825 N PENNSYLVANIA STREET |
| City-State-Zip: | CARMEL IN 46032 |

| | |
|---|---|
| Title | D |
| Name | BARTA, THOMAS D |
| Address | 11825 N. PENNSYLVANIA STREET |
| City-State-Zip: | CARMEL IN 46032 |

| | |
|---|---|
| Title | S |
| Name | KINDIG, KARL W |
| Address | 11825 N. PENNSYLVANIA STREET |
| City-State-Zip: | CARMEL IN 46032 |

| | |
|---|---|
| Title | T |
| Name | HELDING, ERIK M |
| Address | 11825 N. PENNSYLVANIA STREET |
| City-State-Zip: | CARMEL IN 46032 |

| | |
|---|---|
| Title | D |
| Name | STEWART, BARBARA S |
| Address | 11825 N. PENNSYLVANIA STREET |
| City-State-Zip: | CARMEL IN 46032 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KARL W KINDIG SECRETARY 04/18/2014

Electronic Signature of Signing Officer/Director Detail — Date