

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-07-2002 90064 042 ***150.00

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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 PENNSYLVANNIA STREET #B2B CARMEL IN 46032 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0326597		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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.

SIGNATURE _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DYKHOUSE, RICHARD R 11825 N. PENNSYLVANIA ST. CARMEL IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCO LARKIN, JAMES J 11825 N. PENNSYLVANIA ST. CARMEL IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD LARKIN, JAMES J 11825 NORTH PENNSYLVANIA STREET CARMEL IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONNET, MICHAEL 745 FIFTH AVENUE, SUITE 2700 NEW YORK NY 10151	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD LARKIN, JAMES J 11825 N. PENNSYLVANIA ST. CARMEL IN 46032	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD BONNET, MICHAEL 745 FIFTH AVE., STE. 2700 NEW YORK NY 10151	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Richard R. Dykhouse** (317) 817-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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

Doc# V12361
40259



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 black ink, appearing to read "Anna Buschmann", with a long, sweeping underline.

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

Enclosures