FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	· ·	
	(Gee man denote)		Office use only
1. NAME OF COMMITTEE (in f		nple: If typying, type the lines	12FE4M5
CONSECO INC	CONCERNED CITIZENS POLITICAL AC	TION COMMITTEE (P	'AC)
ADDRESS (number and s	11825 NORTH PENNSYLVAI	NA L	
(Check if addre	ess IIIIIIIIII		
is changed)	CARMEL		IN 46032 - 1
	CITY▲	5	STATE ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS e@conseco.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	IUMBER		
3178172333			
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00	303503	
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge an	d belief it is true, correct and	complete
Type or Print Name of	Treasurer William D FRITTS, Jr.		
Signature of Treasurer	Electronically Filed by William D FRITTS	, Jr . D	pate 01 7 2008
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the		•
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	
FE3AN042.PDF			

_	FEOForm 1	(Revised 02/2003)			Page 2
5.	TYPE OF COMMIT	TEE (Check One)			
	(a) This	s committee is a principal (campaign committee. (Complete the car	ndidate information below.)	
	(- /	s committee is an authorize ormation below.)	ed committee, and is NOT a principal ca	ampaign committee. (Complete	the candidate
	Name of Candidate				
	Candidate Party Affiliation		fice House	Senate President	State District
	(c) This	committee supports/oppor	ses only one candidate, and is NOT an	authorized committee.	
	Name of Candidate				
	(e) X This	s committee is a separate s committee supports/opposimittee.	(National, State (or subordinate) committee egregated fund ses more than one Federal candidate, a		(Democratic, Republican,etc.) Party. ted fund or party
6.		nected Organization or A	Affiliated Committee	TTEE (PAC)	
L					
	Mailing Address		11825 NORTH PENNSYLVANIA	1	
			CARMEL		46032
			CITY▲	STATE A	ZIP CODE
	Relationship				
	Type of Connected	Organization:			
	X Corporation	n	Corporation w/o Capital Stock	Labor Orga	anization
	Membersh	nip Organization	Trade Association	Cooperativ	e

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Write or Type Committee Name

CONSECO INC CONCERNED CITIZENS POLITICAI	L ACTION COMMITTEE (PAC
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	CONSECO INC CONCER	RNED CITIZENS POLITICAL ACTION	COMMITTEE (PAC)				
7.	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
	Full Name Jennife	r Tuggle					
	Mailing Address	11825 North Pennsylva	nia Street				
		Carmel		46032			
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE A			
	Executive	Assistant	Telephone number	6357			
8.	Treasurer: List the name name and address of any	and address (phone number optiona designated agent (e.g., assistant treas	al) of the treasurer of the com surer).	nmittee; and the			
	Full Name of Treasurer William	D FRITTS, Jr.					
	Mailing Address						
		Carmel		46032			
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A			
			Telephone number				
	Full Name of Designated Agent						
	Mailing Address						
				_			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A			
			Telephone number				

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Banks or Other Depositories safety deposit boxes or mainta				
Name of Bank, Depository, etc				
JP MO	RGAN CHASE BAN	K		
Mailing Address	Indiana Market			
	PO Box 260180			
	Baton Rouge		LA L	70826 _ 0180
		CITY 4	STATE ⊿	ZIP CODE A
		5 <u>2</u>	JIAIL 2	
Name of Bank, Depository, etc			STATE 2	
Name of Bank, Depository, etc				
Name of Bank, Depository, etc				