

| | |
|---|--|
| Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 | Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510 |
|---|--|

SECRETARY OF THE SENATE

03 FEB 21 AM 10:48

LOBBYING REPORT

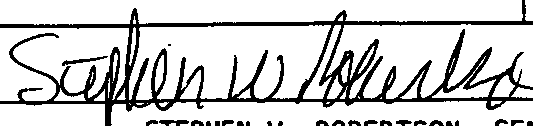
Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

| | | | |
|---|---------------------|-------------------|-----------------|
| 1. Registrant Name CONSECO, INC. | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported 11825 NORTH PENNSYLVANIA STREET | | | |
| 3. Principal Place of Business (if different from line 2) City: CARMEL State/Zip (or Country) IN 46032 | | | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # |
| STEPHEN W. ROBERTSON | 317-817-3539 | | 10547-12 |
| 7. Client Name <input checked="" type="checkbox"/> Self | | | 6. House ID # |
| | | | 33737000 |

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇨ Termination Date _____11. No Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

| | |
|---|---|
| <p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p> | <p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ <u>100,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p> |
|---|---|

Signature



FEBRUARY 10, 2002

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNMENT

LD-2 (REV. 6/98)

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regi engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code FIN (one per page)

16. Specific lobbying issues

LENDING ISSUES

17. House(s) of Congress and Federal agencies contacted Check if None

**US HOUSE
US SENATE**

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date FEBRUARY 10, 20

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNME

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date FEBRUARY 10, 2003

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNMENT

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code INS (one per page)

16. Specific lobbying issues
MEDICARE SUPPLEMENT ISSUES

17. House(s) of Congress and Federal agencies contacted Check if None

**HEALTH CARE FINANCE ADMINISTRATION
US HOUSE
US SENATE**

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date FEBRUARY 10, 20

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNMENT

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg: engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code MM (one per page)

16. Specific lobbying issues

MEDICARE SUPPLEMENTAL INSURANCE
REIMBURSEMENT MECHANISMS

17. House(s) of Congress and Federal agencies contacted Check if None

HEALTH CARE FINANCE ADMINISTRATION
US HOUSE
US SENATE

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date FEBRUARY 10, 201

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNME

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the regi engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, pr information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

INSURANCE COMPANY TAX ISSUES

17. House(s) of Congress and Federal agencies contacted

Check if None

US HOUSE
US SENATE

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date FEBRUARY 10, 20

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNMEN

Registrant Name CONSECO, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the reg engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, p information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

LONG TERM CARE INSURANCE ISSUES

17. House(s) of Congress and Federal agencies contacted

Check if None

US HOUSE
US SENATE

18. Name of each individual who acted as a lobbyist in this issue area

| Name | Covered Official Position (if applicable) |
|----------------------|---|
| STEPHEN W. ROBERTSON | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date FEBRUARY 10,

Printed Name and Title STEPHEN W. ROBERTSON, SENIOR V.P., FEDERAL & STATE GOVERNME

Registrant Name CONSECO, INC. Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Business (city and state or country) |
|------|---------|---|
| | | |

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities |
|------|---------|---|--|
| | | | |

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization

Signature *Stephen W. [illegible]*

Date FEBRUARY 10, 20

