

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:29

DOCUMENT # **P07552** (3)

1. Corporation Name

FORETHOUGHT LIFE INSURANCE COMPANY

Principal Place of Business

FORETHOUGHT CENTER
BATESVILLE IN 47006
US

Mailing Address

FORETHOUGHT CENTER
BATESVILLE IN 47006
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/26/1985** 3a. Date of Last Report **03/08/1994**

4. FEI Number **05-1016329** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC**
NAME **ROCKWOOD, FREDERICK W.**
STREET ADDRESS **FORETHOUGHT CENTER**
CITY-ST-ZIP **BATESVILLE IN**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S**
NAME **LINDENMEYER, MARK R.**
STREET ADDRESS **1069 STATE ROUTE 46 E**
CITY-ST-ZIP **BATESVILLE IN**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **AT**
NAME **LANNING, MARK R.**
STREET ADDRESS **1069 STATE ROUTE 46 E**
CITY-ST-ZIP **BATESVILLE IN**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V**
NAME **COFFIN, RICHARD N.**
STREET ADDRESS **FORETHOUGHT CENTER**
CITY-ST-ZIP **BATESVILLE IN**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **V**
NAME **BISCHOFF, WILLIAM**
STREET ADDRESS **FORETHOUGHT CENTER**
CITY-ST-ZIP **BATESVILLE IN**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard N. Coffin

Richard N. Coffin

2/1/95 (812) 934-7139

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Telephone No.