2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07552

1. Entity Name
FORETHOUGHT LIFE INSURANCE COMPANY

FILED
07 APR -5 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US	ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US

08282007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1016329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City TALLAHASSEE **FL** Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michelle R Varney 4-4-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MULLEN, DAVID K ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDS	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUSSELL, CHARLES A ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400096394344 04/11/07--01005--019 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TOWNSEND, RONALD L ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIXON, WALTER T ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARD JAMES McDONOUGH ONE FORETHOUGHT CENTER BATESVILLE IN 47006	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GRAF, JOHN A ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNA, NOBBE M ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KENNETH LOWELL SHORT, JR ONE FORETHOUGHT CENTER BATESVILLE IN 47006	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard James McDonough 3-28-2007 812-933-6946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #