

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07552

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** FORETHOUGHT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

300 NORTH MERIDIAN STREET, STE 1800  
INDIANAPOLIS, IN 46204

**New Principal Place of Business:**

**Current Mailing Address:**

300 NORTH MERIDIAN STREET, STE 1800  
INDIANAPOLIS, IN 46204

**New Mailing Address:**

**FEI Number:** 06-1016329      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: AS  
Name: MULLEN, DAVID  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: IA  
Name: DELANEY, BRUCE  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: P  
Name: GRAF, JOHN A  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T  
Name: BOHRER, KENNETH J  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: SV  
Name: BENTELL, STEPHEN  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S  
Name: CARANAUGH, MARY  
Address: 300 NORTH MERIDIAN STREET, STE 1800  
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID K MULLEN

AS

04/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date