

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07552

FILED
Sep 10, 2012
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 (X)

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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: GCS
Name: CAVANAUGH, MARY L
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: TCFO
Name: REARDON, MICHAEL A
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: EVP
Name: TODD, ERIC D
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: SV
Name: ANDERSON, CRAIG A
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: MARY L CAVANAUGH

GCS

09/10/2012

Electronic Signature of Signing Officer or Director

Date