

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07552

**Entity Name:** FORETHOUGHT LIFE INSURANCE COMPANY

**FILED**  
**Aug 30, 2017**  
**Secretary of State**  
**CC7792960032**

**Current Principal Place of Business:**

10 WEST MARKET STREET  
SUITE 2300  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

10 WEST MARKET STREET  
SUITE 2300  
INDIANAPOLIS, IN 46204 US

**FEI Number: 06-1016329**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title DIRECTOR  
Name LEE, HANBEN KIM  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name GRAF, JOHN  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name DELLAERT, GILLES M.  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name TODD, ERIC D  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name SPENCER, RICHARD V.  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name VON MOLTKE, NICHOLAS H  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name LEVINE, ALLEN  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title PRESIDENT, DIRECTOR  
Name ARENA, ROBERT  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

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*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: SAMUEL RAMOS**

**SECRETARY**

**08/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name RAMOS, SAMUEL  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title TREASURER  
Name GIAMALIS, JOHN  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR  
Name REDGATE, KATHLEEN M.  
Address 132 TURNPIKE ROAD SUITE 210  
City-State-Zip: SOUTHBOROUGH MA 01772