#### 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07552

**Entity Name: FORETHOUGHT LIFE INSURANCE COMPANY** 

**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

**FILED** Mar 25, 2019

**Secretary of State** 

8630803066CC

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR Name GIAMALIS, JOHN Name WILKEN, DAVID

Address 10 WEST MARKET STREET Address 10 WEST MARKET STREET

**SUITE 2300** 

INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

TODD, ERIC D. Name LEE, HANBEN KIM Name

10 WEST MARKET STREET 10 WEST MARKET STREET Address Address **SUITE 2300** 

**SUITE 2300** 

**SUITE 2300** 

INDIANAPOLIS IN 46204 INDIANAPOLIS IN 46204 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title DIRECTOR DELLAERT, GILLES M. CAI, PETER Name Name

10 WEST MARKET STREET 10 WEST MARKET STREET Address Address

**SUITE 2300 SUITE 2300** 

INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip:

Title **DIRECTOR / PRESIDENT** Title

Name ARENA, ROBERT M. Name ANDERSON, GREGG

Address 132 TURNPIKE ROAD 10 WEST MARKET STREET Address

SUITE 210 **SUITE 2300** 

City-State-Zip: SOUTHBOROUGH MA 01772 City-State-Zip: INDIANAPOLIS IN 46204

# Continues on page 2

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.

03/25/2019 SIGNATURE: JOHN GIAMALIS TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title VP

Name DICKEY, BRADLEY

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name FISHER, MICHELE

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY

Name JOHNSON, VIRGINIA

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name LEAVEY, KEVIN F.

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name MULDOON, JAMIE

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name DEMAYO, EILEEN

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name DORUSKA, THOMAS

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name GIOLA, ELIZABETH

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name KOHRMAN, DEBORAH

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name MAXWELL, TONYA

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204

Title VP

Name WAGNER, NATALIE

Address 10 WEST MARKET STREET

**SUITE 2300** 

City-State-Zip: INDIANAPOLIS IN 46204