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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07552 (3)
1. Corporation Name
FORETHOUGHT LIFE INSURANCE COMPANY
FORETHOUGHT LIFE INSURANCE COMPANY 10/14

Principal Place of Business Mailing Address
700 STATE ROAD 46E BATESVILLE IN 47006 US
700 STATE ROUTE 46E BATESVILLE IN 47006 US

3. Date Incorporated or Qualified 09/26/1985
3a. Date of Last Report 04/09/1996
4. FEI Number 06-1016329
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BLDG.
MONROE STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCKWOOD, FREDERICK W.	1.2 NAME	
STREET ADDRESS	STATE ROUTE 46E	1.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN	1.4 CITY-ST-ZIP	47006
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDENMEYER, MARK R.	2.2 NAME	
STREET ADDRESS	STATE ROUTE 46E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN	2.4 CITY-ST-ZIP	47006
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANNING, MARK R.	3.2 NAME	
STREET ADDRESS	STATE ROUTE 46E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN	3.4 CITY-ST-ZIP	47006
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFIN, RICHARD N.	4.2 NAME	
STREET ADDRESS	STATE ROUTE 46E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE IN	4.4 CITY-ST-ZIP	47006
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRENTICE, JOHN W.	5.2 NAME	300002152343
STREET ADDRESS	STATE ROUTE 46E	5.3 STREET ADDRESS	-04/23/97--01091--016
CITY-ST-ZIP	BATESVILLE IN	5.4 CITY-ST-ZIP	***165.00 47006
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Mark R. Lindenmeyer* Mark R. Lindenmeyer 4/10/97 8149347087
SECRETARY Date Daytime Phone #
0527607

CR2E034 (9/96)