

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90129 013 ***150.00

DOCUMENT # P07552
 1. Entity Name
FORETHOUGHT LIFE INSURANCE COMPANY

Principal Place of Business 700 STATE ROAD 46E BATESVILLE IN 47006 US		Mailing Address 700 STATE ROUTE 46E BATESVILLE IN 47006-8928 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLORIDA INSURANCE COMMISSIONER THE CAPITOL BLDG. MONROE STREET TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCKWOOD, FREDERICK W. STATE ROUTE 46E BATESVILLE IN 47006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD N. COFFIN STATE ROUTE 46E BATESVILLE, IN 47006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDENMEYER, MARK R. STATE ROUTE 46E BATESVILLE IN 47006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANNING, MARK R. STATE ROUTE 46E BATESVILLE IN 47006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COFFIN, RICHARD N. STATE ROUTE 46E BATESVILLE IN 47006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JUDITH K. WRIGHT STATE ROUTE 46E BATESVILLE, IN 47006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN B YANKO STATE ROUTE 46E BATESVILLE IN 47006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD G. BARGER, JR. STATE ROUTE 46E BATESVILLE, IN 47006

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Mark R. Lindenmeyer* **MARK R. LINDENMEYER** **4/14/00** **812/934-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)