

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90097 035 \*\*\*150.00

**DOCUMENT # P07552**

1. Entity Name  
**FORETHOUGHT LIFE INSURANCE COMPANY**

Principal Place of Business <b>700 STATE ROAD 46E          BATESVILLE IN 47006          US</b>	Mailing Address <b>700 STATE ROUTE 46E          BATESVILLE IN 47006          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>06-1016329</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FLORIDA INSURANCE COMMISSIONER          THE CAPITOL BLDG.          MONROE STREET          TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROCKWOOD, FREDERICK W.</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE IN 47006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LINDENMEYER, MARK R.</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE IN 47006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LANNING, MARK R.</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE IN 47006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COFFIN, RICHARD N.</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE IN 47006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>JOHN B YANKO</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE IN 47006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>STEPHEN R. LANG</b> <b>STATE ROUTE 46E</b> <b>BATESVILLE, IN 47006</b>

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** 04/20/01 (812) 934-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

838616/Attachment  
PO7552

## **FORETHOUGHT LIFE INSURANCE COMPANY**

### **BOARD OF DIRECTORS**

Frederick W. Rockwood  
Stephen R. Lang  
Christopher R. Ruberg  
Judith K. Wright  
Richard N. Coffin

### **OFFICERS**

Richard N. Coffin - President & CEO  
Judith K. Wright – Vice President & Assistant Secretary  
John B. Yanko – Vice President & Chief Actuary  
Mark R. Lindenmeyer – Secretary  
Mark A. Willoughby – Assistant Secretary  
David Kevin Mullen – Assistant Secretary  
Mark R. Lanning - Treasurer  
Ronald J. Marek – Vice President & Assistant Treasurer  
Stephen R. Lang – Vice President  
Florence C. Giesey – Vice President  
Elizabeth S. Salamone – Illustration Actuary  
L. Paul Renaud – Executive Director & General Manager & Chief Agent (Canadian Operations)  
Steve Lambert – Executive Director and Chief Agent (Canadian Operations)  
Alan Brereton – Appointed Actuary (Canadian Operations)  
Pricewaterhouse (L. Diane Woodruff, Partner) – Appointed Auditor

All Officers and Directors Terms Expire on February 16, 2002

HILLENBRAND INDUSTRIES

April 27, 2001

Attachment  
838616  
PO7552

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Forethought Life Insurance Company  
EIN 06-1016329

Dear Sir or Madam:

Enclosed is the 2001 Uniform Business Report of the above referenced corporation.

A check in the amount of \$150.00 to cover the periodic report filing fee is also enclosed. Please note the check is written on account of Hillenbrand Industries, Inc., parent company of the referenced corporation.

Any questions regarding this report should be directed to the attention of the undersigned at:

Hillenbrand Industries, Inc.  
Corporate Tax  
700 State Route 46E  
Batesville, Indiana 47006-8835  
812/934-8002

Sincerely,  
HILLENBRAND INDUSTRIES, INC.



Kevin M. Fox  
Manager, Income Tax Compliance

KMF:lm