

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -5 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07552 1. Entity Name FORETHOUGHT LIFE INSURANCE COMPANY					
Principal Place of Business ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US			Mailing Address ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1016329	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michelle R Vannoy</u> 4-4-07 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when reinstating. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MULLEN, DAVID K ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, CHARLES A ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400096384344 04/11/07--01005--019 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOWNSEND, RONALD L ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<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	S DIXON, WALTER T ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD JAMES McDONOUGH ONE FORETHOUGHT CENTER BATESVILLE IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GRAF, JOHN A ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<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	D DONNA, NOBBE M ONE FORETHOUGHT CENTER BATESVILLE, IN 47006	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENNETH LOWELL SHOOT, JR ONE FORETHOUGHT CENTER BATESVILLE IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Richard James McDONOUGH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3-28-2007</u>		Daytime Phone #: <u>812-933-6948</u>	



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