


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG -4 AM 9:33

**DOCUMENT # 2**  
1. Entity Name:  Fore-thought Life Insurance Company *POTSS?*

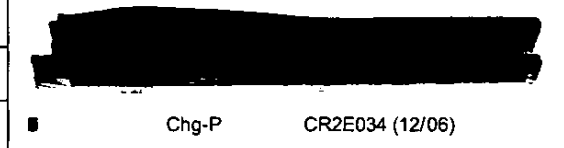


Principal Place of Business Mailing Address  
300 N. meridian st., suite 1800  
Indianapolis, IN 46204

2. Principal Place of Business - No P.O. Box # 300 N. meridian st.  
Suite, Apt. #, etc. 1800

3. Mailing Address same  
Suite, Apt. #, etc.

City & State Indianapolis, IN  
City & State  
Zip 46204 Country USA



4. FEI Number  06-1016329 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Corporation Service Company  
 1201 Hays street  
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent  
Name  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> President <input type="checkbox"/> Delete <input checked="" type="checkbox"/> John Graf <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Kenneth Bohrer <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Mary Cavanaugh <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Executive VP <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Nicole Conco, melinda huber <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Chief Actuary <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Daniel Patterson <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Senior VP <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Joseph Girenti, Arthur Pickering, Stephen Bertell, Ronald Townsend <input checked="" type="checkbox"/> 300 N. meridian st., suite 1800 <input checked="" type="checkbox"/> Indianapolis, IN 46204

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Chief Investment officer Eric Todd 300 N. meridian st., suite 1800 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Assistant Secretary David mullen 300 N. meridian st., suite 1800 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Illustration Actuary Bruce Delaney 300 N. meridian st., suite 1800 Indianapolis, IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 0001340191409 08/06/08--01011--011 **\$550.00
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"/> 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: *K. Bohrer* KENNETH BOHRER 7/28/08 317-223-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SVP

Stephen Bontell  
300 North Meridian Street, Ste. 1800  
Indianapolis, In. 46204

SVP

Ronald Townsend  
300 North Meridian Street, Ste 1800  
Indianapolis, In. 46204

SVP

Arthur Pickering  
300 North Meridian Street, Ste. 1800  
Indianapolis, In. 46204