

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07552

FILED
Jun 29, 2009
Secretary of State

Entity Name: FORETHOUGHT LIFE INSURANCE COMPANY

Current Principal Place of Business:

300 NORTH MERIDIAN STREET, STE 1800
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

300 NORTH MERIDIAN STREET, STE 1800
INDIANAPOLIS, IN 46204

New Mailing Address:

FEI Number: 06-1016329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: MULLEN, DAVID
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: IA () Delete
Name: DELANEY, BRUCE
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: P () Delete
Name: GRAFT, JOHN A
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T () Delete
Name: BOHRER, KENNETH J
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: SV () Delete
Name: BENTELL, STEPHEN
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S () Delete
Name: CARANAUGH, MARY
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRAF, JOHN A
Address: 300 NORTH MERIDIAN STREET, STE 1800
City-St-Zip: INDIANAPOLIS, IN 46204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MULLEN

Electronic Signature of Signing Officer or Director

AS

06/29/2009

Date