

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07552

**FILED**  
**Jan 18, 2013**  
**Secretary of State**  
**CC2886683590**

**Entity Name:** FORETHOUGHT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

300 NORTH MERIDIAN STREET, STE 1800  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

300 NORTH MERIDIAN STREET, STE 1800  
INDIANAPOLIS, IN 46204

**FEI Number:** 06-1016329

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:** MARY L. CAVANAUGH

01/18/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title GCS  
Name CAVANAUGH, MARY L  
Address 300 NORTH MERIDIAN STREET, STE 1800  
City-State-Zip: INDIANAPOLIS IN 46204

Title TCFO  
Name REARDON, MICHAEL A  
Address 300 NORTH MERIDIAN STREET, STE 1800  
City-State-Zip: INDIANAPOLIS IN 46204

Title P  
Name GRAF, JOHN A  
Address 300 NORTH MERIDIAN STREET, STE 1800  
City-State-Zip: INDIANAPOLIS IN 46204

Title EVP  
Name TODD, ERIC D  
Address 300 NORTH MERIDIAN STREET, STE 1800  
City-State-Zip: INDIANAPOLIS IN 46204

Title SV  
Name ANDERSON, CRAIG A  
Address 300 NORTH MERIDIAN STREET, STE 1800  
City-State-Zip: INDIANAPOLIS IN 46204

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARY L. CAVANAUGH

**SECRETARY**

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date