

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07552

Entity Name: FORETHOUGHT LIFE INSURANCE COMPANY

Current Principal Place of Business:

10 WEST MARKET STREET
SUITE 2300
INDIANAPOLIS, IN 46204

Current Mailing Address:

10 WEST MARKET STREET
SUITE 2300
INDIANAPOLIS, IN 46204 US

FEI Number: 06-1016329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LEE, HANBEN KIM
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name GRAF, JOHN
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name DELLAERT, GILLES M.
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name TODD, ERIC D
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name SPENCER, RICHARD V.
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name VON MOLTKE, NICHOLAS H
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name LEVINE, ALLEN
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title PRESIDENT, DIRECTOR
Name ARENA, ROBERT
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Continues on page 2

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: SAMUEL RAMOS

SECRETARY

08/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name RAMOS, SAMUEL
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title TREASURER
Name GIAMALIS, JOHN
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772

Title DIRECTOR
Name REDGATE, KATHLEEN M.
Address 132 TURNPIKE ROAD SUITE 210
City-State-Zip: SOUTHBOROUGH MA 01772