

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **829939** ✓  
1. Corporation Name  
**FORETHOUGHT LIFE ASSURANCE COMPANY**

Principal Place of Business  
**FORETHOUGHT CENTER  
BATESVILLE IN 47006**

Mailing Address  
**FORETHOUGHT CENTER  
BATESVILLE IN 47006**

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90021 016 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/19/1973**

4. FEI Number

**38-1995247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26 **STATE ROUTE 46E**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **BATESVILLE, INDIANA**

City & State

City & State

23

24

Zip

Country

Zip

Country

29 **47006-8835**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE

NAME **HACKMAN, T.L.**  
STREET ADDRESS **27777 FRANKLIN ROAD**  
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **AC** ☒ DELETE

NAME **LATHAM, P.H.**  
STREET ADDRESS **1000 CHRYSLER DRIVE**  
CITY-ST-ZIP **AUBURN HILLS MI**

TITLE **PD** ☒ DELETE

NAME **BROWNING, D.F.**  
STREET ADDRESS **27777 FRANKLIN ROAD**  
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **VD** ☒ DELETE

NAME **BISKNER, L.J 111**  
STREET ADDRESS **27777 FRANKLIN ROAD**  
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **S** ☒ DELETE

NAME **HACKMAN, T.L.**  
STREET ADDRESS **27777 FRANKLIN ROAD**  
CITY-ST-ZIP **SOUTHFIELD MI**

TITLE **D** ☒ DELETE

NAME **ROBISON, D. A.**  
STREET ADDRESS **27777 FRANKLIN ROAD**  
CITY-ST-ZIP **SOUTHFIELD MI**

1.1 TITLE **PD** ☐ Change ☒ Addition

1.2 NAME **FREDERICK W. ROCKWOOD**

1.3 STREET ADDRESS **STATE ROUTE 46E**

1.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

2.1 TITLE **VP/S/D** ☐ Change ☒ Addition

2.2 NAME **JUDITH WRIGHT**

2.3 STREET ADDRESS **STATE ROUTE 46E**

2.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

3.1 TITLE **VP/T/D** ☐ Change ☒ Addition

3.2 NAME **JOHN B. YANKO**

3.3 STREET ADDRESS **STATE ROUTE 46E**

3.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

4.1 TITLE **VP/D** ☐ Change ☒ Addition

4.2 NAME **RICHARD N. COFFIN**

4.3 STREET ADDRESS **STATE ROUTE 46E**

4.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **MARK R. LINDENMEYER**

5.3 STREET ADDRESS **STATE ROUTE 46E**

5.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **W AUGUST HILLENBRAND**

6.3 STREET ADDRESS **STATE ROUTE 46E**

6.4 CITY-ST-ZIP **BATESVILLE, INDIANA 47006-8835**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

Date

812/934-7000

Daytime Phone #

CR2E034 (5/99)

091160-90021-16  
829939

FORETHOUGHT LIFE ASSURANCE COMPANY

**BOARD OF DIRECTORS**

Frederick W. Rockwood  
Judith K. Wright  
Daniel A. Hillenbrand  
Mark R. Lindenmeyer  
Richard N. Coffin  
John B. Yanko  
W August Hillenbrand

**OFFICERS**

Frederick W. Rockwood - President  
Richard N. Coffin – Executive Vice President  
John B. Yanko - Vice President & Treasurer  
Judith Wright – Vice President and Secretary  
David Kevin Mullen – Assistant Secretary  
Mark A. Willoughby – Assistant Secretary  
John Yanko – Appointed Actuary

All Officers and Directors terms expire February 19, 2000