FILED
Jun 27, 2002 8:00 am
Secretary of State
05-24-2002 91322 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 829939

1. Entity Name
FORETHOUGHT LIFE ASSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

95105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 STATE ROUTE 46E	700 STATE ROUTE 46E
Suite, Apt. #, etc. C/O CORP. TAX DEPT.	Suite, Apt. #, etc. C/O CORP. TAX DEPT.
City & State BATESVILLE IN	City & State BATESVILLE IN
Zip 47006-8835 Country USA	Zip 47006-8835 Country USA

4. FEI Number 38-1995247 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
/INSURANCE COMMISSIONER

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT, CEO, DIRECTOR STEPHEN R. LANG STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, SECRETARY, DIRECTOR JUDITH K. WRIGHT STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, TREASURER & CHIEF ACTUARY JOHN B. YANKO STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR FREDERICK ROCKWOOD STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RONALD J. MAREK STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR J. CHRISTOPHER BURKE STATE ROUTE 46E BATESVILLE, IN 47006	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JUDITH WRIGHT SECRETARY 04/26/02 812-934-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32361F.1