


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90986 039 ***150.00

DOCUMENT # 829939	
1. Entity Name FORETHOUGHT LIFE ASSURANCE COMPANY	

Principal Place of Business 700 STATE ROUTE 46E C/O CORP.TAX DEPT. BATESVILLE, IN 47006-8835 US	Mailing Address 700 STATE ROUTE 46E C/O CORP.TAX DEPT. BATESVILLE, IN 47006-8835 US
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2. Principal Place of Business One Forethought Center	3. Mailing Address One Forethought Center
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Batesville, IN	City & State Batesville, IN
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Zip 47006	Country U.S.	Zip 47006	Country U.S.
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZERKLE, JOHN R STATE ROUTE 46E BATESVILLE, IN 470068835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCKWOOD, FREDERICK W STATE ROUTE 46E BATESVILLE, IN 470068835 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT YANKO, JOHN B STATE ROUTE 46E BATESVILLE, IN 470068835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAREK, RONALD J STATE ROUTE 46E BATESVILLE, IN 470068835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, CHRISTOPHER J STATE ROUTE 46E BATESVILLE, IN 470068835 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LANG, STEPHEN R STATE ROUTE 46E BATESVILLE, IN 470068835 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V One Forethought Center Batesville, IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD One Forethought Center Batesville, IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Forethought Center Batesville, IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One Forethought Center Batesville, IN 47006 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: *Alaine Braultette*

4/28/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

14015395



03292005 Chg-P CR2E034 (10/03)

4. FEI Number 38-1995247	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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ATTACHMENT

#821939/1405395

2005 For Profit Corporation Annual Report Additional Officers

Title	VD	Addition
Name	Russell, Charles Andrew	
Street Address	One Forethought Center	
City-ST-Zip	Batesville, IN 47006	

Title	SD	Addition
Name	Mullen, David Kevin	
Street Address	One Forethought Center	
City-ST-Zip	Batesville, IN 47006	

Title	S	Addition
Name	Willoughby, Mark Alan	
Street Address	One Forethought Center	
City-ST-Zip	Batesville, IN 47006	

Title	D	Addition
Name	Poulos, Michael James	
Street Address	One Forethought Center	
City-ST-Zip	Batesville, IN 47006	