


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -5 PM 4: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 829939</b>					
1. Entity Name FORETHOUGHT LIFE ASSURANCE COMPANY					
Principal Place of Business ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US			Mailing Address ONE FORETHOUGHT CENTER BATESVILLE, IN 47006-9170 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 38-1995247				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name <u>CORPORATION SERVICE COMPANY</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 HAYS STREET</u> City <u>TALLAHASSEE</u> <u>FL</u> Zip Code <u>32301</u>		
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 <u>Michelle R Vannoy</u> DATE <u>4-4-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RUSSELL, CHARLES A ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>500096384255</u> <u>04/11/07--01005--018 **150.00</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MULLEN, DAVID K ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete DIXON, WALTER T ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICHARD JAMES McDONOUGH ONE FORETHOUGHT CENTER BATESVILLE IN 47006		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete GRAF, JOHN A ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TOWNSEND, RONALD L ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NOBBE, DONNA M ONE FORETHOUGHT CENTER BATESVILLE, IN 470069170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KENNETH LOWELL SHORT, JR ONE FORETHOUGHT CENTER BATESVILLE IN 47006		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <u>Richard James McDough</u> <u>3-28-2007</u> <u>812933-6948</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					