

2008 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

DOCUMENT # P01557 1. Entity Name: <input checked="" type="checkbox"/> Forethought Life Insurance Company				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 AUG -4 AM 9:33	
Principal Place of Business Mailing Address 300 N. Meridian St., Suite 1800 Indianapolis, IN 46204					
2. Principal Place of Business - No P.O. Box # 300 N. Meridian St. Suite, Apt. #, etc. 1800		3. Mailing Address Same Suite, Apt. #, etc.		<input checked="" type="checkbox"/> Chg-P CR2E034 (12/06)	
City & State Indianapolis, IN		City & State		4. FEI Number <input checked="" type="checkbox"/> 06-1016329 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 46204 Country USA		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <input checked="" type="checkbox"/> Corporation Service Company 1201 Hays Street Tallahassee, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE <input checked="" type="checkbox"/> President <input type="checkbox"/> Delete NAME John Graf STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Chief Investment Officer STREET ADDRESS Eric Todd 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204		
TITLE <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Delete NAME Kenneth Bohrer STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Assistant Secretary STREET ADDRESS David Mullen 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204		
TITLE <input checked="" type="checkbox"/> Secretary <input type="checkbox"/> Delete NAME Mary Cavanaugh STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Illustration Actuary STREET ADDRESS Bruce Delaney 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204		
TITLE <input checked="" type="checkbox"/> Executive VP <input type="checkbox"/> Delete NAME Nganle Conco, Melinda Huber STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> Chief Actuary <input type="checkbox"/> Delete NAME Daniel Patterson STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> Senior VP <input type="checkbox"/> Delete NAME Joseph Girenti, Arthur Pickering, Stephen Birtell, Ronald Townsend STREET ADDRESS 300 N. Meridian St., Suite 1800 CITY-ST-ZIP Indianapolis, IN 46204			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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:		KENNETH BOHRER		7/28/08 317-223-2700 <small>Date Daytime Phone #</small>	

7/31/08

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SVP

Stephen Bontell
300 North Meridian Street, Ste. 1800
Indianapolis, In. 46204

SVP

Ronald Townsend
300 North Meridian Street, Ste 1800
Indianapolis, In. 46204

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Arthur Pickering
300 North Meridian Street, Ste. 1800
Indianapolis, In. 46204