2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07552

FILED Sep 10, 2012 Secretary of State

Entity Name: FORETHOUGHT LIFE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

300 NORTH MERIDIAN STREET, STE 1800 INDIANAPOLIS, IN 46204

Current Mailing Address: New Mailing Address:

300 NORTH MERIDIAN STREET, STE 1800 INDIANAPOLIS, IN 46204

FEI Number: 06-1016329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name: CAVANAUGH, MARY L

300 NORTH MERIDIAN STREET, STE 1800 Address:

City-St-Zip: INDIANAPOLIS, IN 46204

Title: **TCFO**

REARDON, MICHAEL A Name:

300 NORTH MERIDIAN STREET, STE 1800 Address:

INDIANAPOLIS, IN 46204 City-St-Zip:

Title:

GRAF, JOHN A Name:

300 NORTH MERIDIAN STREET, STE 1800 Address:

City-St-Zip: INDIANAPOLIS, IN 46204

Title: **EVP**

TODD, ERIC D Name:

Address: 300 NORTH MERIDIAN STREET, STE 1800

City-St-Zip: INDIANAPOLIS, IN 46204

Title: sv

Name: ANDERSON, CRAIG A

300 NORTH MERIDIAN STREET, STE 1800 Address:

City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY L CAVANAUGH GCS 09/10/2012