

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Munnam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # F94000000757 (4)

1. Corporation Name

LINCOLN BENEFIT FINANCIAL SERVICES, INC.

Principal Place of Business

P.O. BOX 80469
LINCOLN NE 68501-0469

Mailing Address

P.O. BOX 80469
LINCOLN NE 68501-0469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

2. Principal Place of Business

21 206 S 13 Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 Suite 200

27 Suite, Apt. #, etc.

27 Suite 200

23 City & State

23 Lincoln NE

28 City & State

28 Lincoln NE

24 Zip

24 68508

25 Country

25 U.S.A.

29 Zip

29 68508

30 Country

30 U.S.A.

4. FEI Number

47-0766853

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

If (1) Registered Agent signature has been submitted

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRAITH, B E
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE
TITLE	VSD
NAME	MORRIS, JOHN J
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE
TITLE	V
NAME	ANDERBERRY, JANET P
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE
TITLE	VD
NAME	WATSON, CAROL S
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE
TITLE	VD
NAME	KRUEGER, WILLIAM F
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE
TITLE	D
NAME	JONSKE, FRED H
STREET ADDRESS	134 S. 13TH STREET
CITY- ST- ZIP	LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from 199.032(1)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Janet P. Anderberry
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANET P. ANDERBERRY

1-11-95

(402) 479-7343