FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:56

DOCUMENT # 857933 **(6)**

1. Corporation Name
LINCOLN BENEFIT LIFE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 80469 LINCOLN NE 68501-0469	P.O. BOX 80469 LINCOLN NE 68501-0469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1983**
3a. Date of Last Report: **03/30/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **47-0221457** ☐ 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

G.F. MCDERMOTT
621 NORTHWEST STREET
STE. 700
BOCA RATON FL 33487

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JOHN J.	1.2 NAME	
STREET ADDRESS	2021 THE KNOLLS	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JONSKE, FRED H	2.2 NAME	
STREET ADDRESS	7310 N HAMPTON	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN, NE 00000	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	GAER, DOUGLAS F	3.2 NAME	
STREET ADDRESS	12100 E VAN DORN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALTON NE	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	WRAITH, B. EUGENE	4.2 NAME	
STREET ADDRESS	10805 ADAMS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, WILLIAM F.	5.2 NAME	
STREET ADDRESS	3414 S 27TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	RICH, ROBERT E.	6.2 NAME	
STREET ADDRESS	6801 DEERWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	6.4 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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doug A. **2-17-95** **(407) 479-7338**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DOUGLAS F. GAER

CR7V(10/94) PP