

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857933 (6)

1. Corporation Name

LINCOLN BENEFIT LIFE COMPANY

Principal Place of Business

P.O. BOX 80469
LINCOLN NE 68501-0469

Mailing Address

P.O. BOX 80469
LINCOLN NE 68501-0469



2. Principal Place of Business

2a. Mailing Address

21	State, Apt., etc.	26	State, Apt., etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/29/1983

3a. Date of Last Report

02/28/1995

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	Suite 700
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent, I am
familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person submitting this report to the Department of State

Signature of the person submitting this report to the Department of State

(Signature of the person submitting this report to the Department of State)

12. OFFICERS AND DIRECTORS	
12.1 NAME	VSD MORRIS, JOHN J.
12.2 STREET ADDRESS	2021 THE KNOLLS
12.3 CITY-STATE-ZIP	LINCOLN NE
12.4 TITLE	PD
12.5 NAME	JONSKE, FRED H
12.6 STREET ADDRESS	7310 N HAMPTON
12.7 CITY-STATE-ZIP	LINCOLN, NE 00000
12.8 TITLE	VTD
12.9 NAME	GAER, DOUGLAS F
12.10 STREET ADDRESS	12100 E VAN DORN
12.11 CITY-STATE-ZIP	WALTON NE
12.12 TITLE	VD
12.13 NAME	WRAITH, B. EUGENE
12.14 STREET ADDRESS	10605 ADAMS DRIVE
12.15 CITY-STATE-ZIP	OMAHA NE
12.16 TITLE	V
12.17 NAME	KRUEGER, WILLIAM F.
12.18 STREET ADDRESS	3414 S 27TH ST
12.19 CITY-STATE-ZIP	LINCOLN NE
12.20 TITLE	V
12.21 NAME	RICH, ROBERT E.
12.22 STREET ADDRESS	6801 DEERWOOD DRIVE
12.23 CITY-STATE-ZIP	LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	☐ Change ☐ Addition
13.3 STREET ADDRESS	☐ Change ☐ Addition
13.4 CITY-STATE-ZIP	☐ Change ☐ Addition
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	☐ Change ☐ Addition
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13.100 CITY-STATE-ZIP	☐ Change ☐ Addition

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)(k), 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:

Robert E. Rich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (402) 479-7315

Date: 2/22/96

By: (Print Name)

CR2E034 (12/95)