SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLV[illegible]INIMUM AMOUNT DUE TO REINSTATE: $750.)

(1)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 AUG 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 02/27/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

G.F. MCDERMOTT
621 NW 53RD
SUITE 700
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Peter F. Souza
82 Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System
83: 1200 South Pine Island Road
84 City: Plantaion **FL** 85 Zip Code: 33324

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. The 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: PETER F. SOUZA ASSISTANT SECRETARY — 8/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE	VTD	☐ Change ☒ Addition
NAME	MORRIS, JOHN J.		1.2 NAME	Von Fumetti, Randy J.	
STREET ADDRESS	2021 THE KNOLLS		1.3 STREET ADDRESS	6411 South 66th Street	
CITY-ST-ZIP	LINCOLN NE		1.4 CITY-ST-ZIP	Lincoln, NE	
TITLE	PD	☐ DELETE	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	VD	☐ DELETE	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	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	WRAITH, B. EUGENE		4.2 NAME	Wraith, B. Eugene	
STREET ADDRESS	10605 ADAMS DRIVE		4.3 STREET ADDRESS	10605 Adams Drive	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	Omaha, NE	
TITLE	VD	☐ DELETE	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	VTD	☐ DELETE	6.1 TITLE	VD	☒ Change ☐ Addition
NAME	RICH, ROBERT E.		6.2 NAME	Rich, Robert E.	
STREET ADDRESS	6801 DEERWOOD DRIVE		6.3 STREET ADDRESS	6801 Deerwood Drive	
CITY-ST-ZIP	LINCOLN NE		6.4 CITY-ST-ZIP	Lincoln, NE	

VB 8-29-97

900002283049--2
-09/02/97--01161--018
****165.00 ****165.00

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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: [illegible] 8/28/97

LINCOLN BENEFIT LIFE
C O M P A N Y

A MEMBER OF THE ALLSTATE LIFE GROUP

August 27, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Lincoln Benefit Life Company
Reference Number: 857933

Attached is a newly completed Profit Corporation Annual Report 1997 which includes the signature of our registered agent and the signature of an officer of Lincoln Benefit Life Company. We have no record of our original form being returned to us as noted in the attached letter.

If you have any questions, please contact me at (800) 525-9287, extension 7343.

Sincerely,

Janet P. Anderbery
Vice President and Controller

JPA:cle

Attachments