

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90225 006 ***150.00

DOCUMENT # 857933

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1983

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 3075 SANDERS ROAD

27 SUITE HAC

28 NORTHBROOK, IL

29 Zip Country

30 60062 U.S.

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME MORRIS, JOHN J
STREET ADDRESS 2021 THE KNOLLS
CITY-ST-ZIP LINCOLN NE

TITLE VP
NAME ANDERBERY, JANET P
STREET ADDRESS 5120 JADE COURT
CITY-ST-ZIP LINCOLN NE 68516

TITLE VD
NAME GAER, DOUGLAS F
STREET ADDRESS 2480 LAKE ST
CITY-ST-ZIP LINCOLN NE 68502

TITLE PD
NAME WRAITH, B. EUGENE
STREET ADDRESS 10605 ADAMS DRIVE
CITY-ST-ZIP OMAHA NE

TITLE VD
NAME KRUEGER, WILLIAM F
STREET ADDRESS 3414 S 27TH ST
CITY-ST-ZIP LINCOLN NE

TITLE VDD
NAME RICH, ROBERT E
STREET ADDRESS 6801 DEERWOOD DRIVE
CITY-ST-ZIP LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SENIOR VICE PRESIDENT & CORPORATE SECRETARY & DIRECTOR
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE SENIOR VICE PRESIDENT & ACTUARY & DIRECTOR
5.2 NAME WAY, DEAN MAX
5.3 STREET ADDRESS 206 S. 13TH STREET
5.4 CITY-ST-ZIP LINCOLN, NE 68508

6.1 TITLE EXECUTIVE VICE PRESIDENT & DIRECTOR
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: David Simek Authorized Representative
Date 4/19/99
Daytime Phone # 847-402-2629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0550212