2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90079 010 ***150.00

DOCUMENT # 857933

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DO NOT WRITE IN THIS SPACE

1. Entity Name
LINCOLN BENEFIT LIFE COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 80469 LINCOLN NE 68501-0469	3075 SANDERS RD STE H1A NORTHBROOK IL 60062-7127

2. Principal Place of Business	3. Mailing Address
2940 SOUTH 84TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LINCOLN, NE	City & State
Zip: 68508 Country: USA	Zip Country

4. FEI Number 47-0221457 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ASHLEY, THOMAS R 206 S 13TH ST STE 300 LINCOLN NE 68508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2940 SOUTH 84TH ST. LINCOLN, NE 68508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANDERBERY, JANET P 206 S 13TH ST STE 300 LINCOLN NE 68508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2940 SOUTH 84TH ST. LINCOLN, NE 68508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GAER, DOUGLAS F 206 SOUTH 13TH ST STE 300 LINCOLN NE 68508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2940 SOUTH 84TH ST. LINCOLN, NE 68508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WRAITH, B. EUGENE 206 S 13TH ST STE 300 LINCOLN NE 68508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2940 SOUTH 84TH ST. LINCOLN, NE 68508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WATSON, CAROL S 206 S 13TH ST STE 300 LINCOLN NE 68508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2940 SOUTH 84TH ST. LINCOLN, NE 68508	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICH, ROBERT E 206 S 13TH ST STE 300 LINCOLN NE 68508	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAWRENCE W. DAHL 2940 SOUTH 84TH ST. LINCOLN, NE 68508	☐ Change ☒ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lynn Cirricione Lynn Cirricione Authorized Representative 4/16/01 (847) 402-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #