2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# 857933

Entity Name: LINCOLN BENEFIT LIFE COMPANY

Current Principal Place of Business:

2940 SOUTH 84TH ST
LINCOLN, NE 68508

New Principal Place of Business:

Current Mailing Address:

3075 SANDERS RD
STE H1A
NORTHBROOK, IL 600627127

New Mailing Address:

FEI Number: 47-0221457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: CASEY, JOSEPH SYLLA
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: SD ( ) Delete
Name: VELOTTA, MICHAEL J
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: D ( ) Delete
Name: FRIEDMAN, MARLA G
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: D ( ) Delete
Name: SHEBIK, STEVEN E
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VPC ( ) Delete
Name: PILCH, SAMUEL H
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VPT ( ) Delete
Name: ZILS, JAMES P
Address: 3075 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SYLLA, CASEY J
Address: 3100 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL PILCH VPC 03/10/2004

Electronic Signature of Signing Officer or Director — Date