FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # **F94000000757 (4)**

1. Corporation Name

LINCOLN BENEFIT FINANCIAL SERVICES, INC.

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: 02/16/1994	3a. Date of Last Report
4. FEI Number: 47-0766853	☐ 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	

2. Principal Place of Business
21: 206 S 13 Street
22 Suite, Apt. #, etc.: Suite 200
23 City & State: Lincoln NE
24 Zip: 68508
25 Country: U.S.A.

26a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 (if the Registered Agent is a corporation, the signature must be that of an officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WRAITH, B E	12 NAME	
STREET ADDRESS	134 S. 13TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JOHN J	22 NAME	
STREET ADDRESS	134 S. 13TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ANDERBERY, JANET P	32 NAME	
STREET ADDRESS	134 S. 13TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	WATSON, CAROL S	42 NAME	
STREET ADDRESS	134 S. 13TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, WILLIAM F	52 NAME	
STREET ADDRESS	134 S. 13TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	JONSKE, FRED H	62 NAME	
STREET ADDRESS	134 S. 13TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an address.

SIGNATURE: _____ 1-11-95 (402) 479-7343
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OR DIRECTOR — Date — Daytime Phone Number
JANET P. ANDERBERY

0476102 FP