

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:56

**DOCUMENT # 857933** (6)

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

3a. Date of Last Report

03/30/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

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 has liability for intangible tax under S. 199.032,  
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

G.F. McDERMOTT  
621 NORTHWEST STREET  
STE. 700  
BOCA RATON FL 33487

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |
|-----------------|---------------------|
| TITLE           | VSD                 |
| NAME            | MORRIS, JOHN J.     |
| STREET ADDRESS  | 2021 THE KNOLLS     |
| CITY - ST - ZIP | LINCOLN NE          |
| TITLE           | PD                  |
| NAME            | JONSKE, FRED H      |
| STREET ADDRESS  | 7310 N HAMPTON      |
| CITY - ST - ZIP | LINCOLN, NE 00000   |
| TITLE           | VTD                 |
| NAME            | GAER, DOUGLAS F     |
| STREET ADDRESS  | 12100 E VAN DORN    |
| CITY - ST - ZIP | WALTON NE           |
| TITLE           | VD                  |
| NAME            | WRAITH, B. EUGENE   |
| STREET ADDRESS  | 10805 ADAMS DRIVE   |
| CITY - ST - ZIP | OMAHA NE            |
| TITLE           | V                   |
| NAME            | KRUEGER, WILLIAM F. |
| STREET ADDRESS  | 3414 S 27TH ST      |
| CITY - ST - ZIP | LINCOLN NE          |
| TITLE           | V                   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS F. GAER

2-17-95

Date

(407) 479-7338

Telephone #