

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857933

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: LINCOLN BENEFIT LIFE COMPANY

## Current Principal Place of Business:

2940 SOUTH 84TH ST  
LINCOLN, NE 68506

## 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: SYLLA, CASEY J  
Address: 3100 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: SEC ( ) Delete  
Name: VELOTTA, MICHAEL J  
Address: 3100 SANDERS ROAD, SUITE J5B  
City-St-Zip: NORTHBROOK, IL 60062

Title: SVP ( ) Delete  
Name: SIMMONSON, ERIC A  
Address: 3075 SANDERS ROAD, SUITE G6C  
City-St-Zip: NORTHBROOK, IL 60062

Title: DR ( ) Delete  
Name: LOUNDS, JOHN C  
Address: 3100 SANDERS ROAD, SUITE M2A  
City-St-Zip: NORTHBROOK, IL 60062

Title: GVP ( ) Delete  
Name: PILCH, SAMUEL H  
Address: 3075 SANDERS ROAD, SUITE H1A  
City-St-Zip: NORTHBROOK, IL 60062

Title: DR ( ) Delete  
Name: WELCH, DOUGLAS B  
Address: 3100 SANDERS ROAD, SUITE N5B  
City-St-Zip: NORTHBROOK, IL 60062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: HOHMANN, JAMES E  
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 exemption stated in Chapter 119, 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: KATHERINE GREFSHEIM

AD

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date