

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857933

Entity Name: LINCOLN BENEFIT LIFE COMPANY

Current Principal Place of Business:

2940 SOUTH 84TH ST
LINCOLN, NE 68506

FILED
Apr 23, 2013
Secretary of State
CC9668802721

Current Mailing Address:

3075 SANDERS RD
STE H1E
NORTHBROOK, IL 60062-7127

FEI Number: 47-0221457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title CEO
Name CIVGIN, DOGAN
Address 3100 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

Title SEC
Name FONTANA, ANGELA K
Address 3100 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

Title TR
Name RIZZO, MARIO
Address 3075 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

Title SVP
Name GREFFIN, JUDITH P
Address 2775 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

Title SGVP
Name PILCH, SAMUEL H
Address 3075 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

Title DR
Name MERTEN, JESSE
Address 3100 SANDERS ROAD,
City-State-Zip: NORTHBROOK IL 60062

Title AUTHORIZED REPRESENTATIVE
Name CIRRINCIONE, LYNN
Address 3075 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062

I hereby 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 all other like empowered.

SIGNATURE: LYNN CIRRINCIONE

**AUTHORIZED
REPRESENTATIVE**

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date