

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business

2a. Mailing Address

21. Sub, Apt., #, etc.

26. Sub, Apt., #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/29/1983

3a. Date of Last Report
02/28/1995

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

10. Name and Address of New Registered Agent

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

621 N.W. 53rd

83. Suite

Suite 700

84. City

Boca Raton

FL

85. Zip Code

33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. Signature of the person submitting this report to the Department of State

13. Signature of the Agent or Secretary of the Corporation

(CA)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE: VSD NAME: MORRIS, JOHN J. STREET ADDRESS: 2021 THE KNOLLS CITY-STATE-ZIP: LINCOLN NE	<input type="checkbox"/>
TITLE: PD NAME: JONSKE, FRED H STREET ADDRESS: 7310 N HAMPTON CITY-STATE-ZIP: LINCOLN, NE 00000	<input type="checkbox"/>
TITLE: VTD NAME: GAER, DOUGLAS F STREET ADDRESS: 12100 E VAN DORN CITY-STATE-ZIP: WALTON NE	<input type="checkbox"/>
TITLE: VD NAME: WRAITH, B. EUGENE STREET ADDRESS: 10605 ADAMS DRIVE CITY-STATE-ZIP: OMAHA NE	<input type="checkbox"/>
TITLE: V NAME: KRUEGER, WILLIAM F. STREET ADDRESS: 3414 S 27TH ST CITY-STATE-ZIP: LINCOLN NE	<input type="checkbox"/>
TITLE: V NAME: RICH, ROBERT E. STREET ADDRESS: 6801 DEERWOOD DRIVE CITY-STATE-ZIP: LINCOLN NE	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2. NAME	<input type="checkbox"/>	<input type="checkbox"/>
3. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
4. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE	<input type="checkbox"/>	<input type="checkbox"/>
6. NAME	<input type="checkbox"/>	<input type="checkbox"/>
7. STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
8. CITY-STATE-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
9. TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. STREET ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. NAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. STREET ADDRESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. CITY-STATE-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 119.07(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:

Robert E. Rich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 (402) 479-7315
DATE OF FILING

CR2E034 (12/95)