

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857933

**FILED
Jan 30, 2017
Secretary of State
CC6528636809**

Entity Name: LINCOLN BENEFIT LIFE COMPANY

Current Principal Place of Business:

1221 N STREET
200
LINCOLN, NE 68508

Current Mailing Address:

5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
ROSEMONT, IL 60018 US

FEI Number: 47-0221457

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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: INSURANCE COMMISSIONER

01/30/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, DIRECTOR
Name WILSON, WELDON WILSON
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title SECRETARY
Name LEIGH, ANNE MCKEGNEY
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title CFO, EVP, TREASURER
Name WYATT, ROBYN ANN JENNIFER
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title PRESIDENT
Name GUBBAY, KEITH
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name COWDERY, CLIVE ADAM
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name CARBONE, RICHARD JOHN
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name FROHMAN, ANN MARIE
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name HACK, JOHNATHAN NICHOLES
BEWICK
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

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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: FOROZAN NASERY

VP, CONTROLLER

01/30/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEIN, ROBERT WILLIAM
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR
Name VANDERCRUZE, ETHEL GRACE
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018

Title VP, CONTROLLER
Name NASERY, FOROZAN
Address 5600 N RIVER ROAD, SUITE 300
COLUMBIA CENTRE I
City-State-Zip: ROSEMONT IL 60018