2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857933

Entity Name: LINCOLN BENEFIT LIFE COMPANY

Current Principal Place of Business:

1221 N STREET SUITE 200 LINCOLN, NE 68508

Current Mailing Address:

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

FEI Number: 47-0221457

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		
	Electronic Signature of Registered Agent		Date
Officer/Dired	ctor Detail :		
Title	PRESIDENT	Title	ASST. SECRETARY
Name	SIERRA, CARLOS	Name	CUROE, MEGAN SHANNON
Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I	Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I
City-State-Zip:	ROSEMONT IL 60018	City-State-Zip:	ROSEMONT IL 60018
Title	CFO	Title	SECRETARY
Name	BRAUN, ERIK THOMAS	Name	GOLDBERG, DAVID ALAN
Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I	Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I
City-State-Zip:	ROSEMONT IL 60018	City-State-Zip:	ROSEMONT IL 60018
Title	VP AND CHIEF RISK OFFICER	Title	ASST. SECRETARY
Name	RAFSON, JOSEPH MURRAY	Name	SCHER, SHIMRIT
Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I	Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I
City-State-Zip:	ROSEMONT IL 60018	City-State-Zip:	ROSEMONT IL 60018
Title	DIRECTOR	Title	DIRECTOR
Name	JHAVERI, DHIREN PRAVIN	Name	WIESER, JOSEPH DEAN
Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I	Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I
City-State-Zip:	ROSEMONT IL 60018	City-State-Zip:	ROSEMONT IL 60018

Continues on page 2

CFO

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: ERIK BRAUN

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2021 Secretary of State 6357008605CC

02/01/2021

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HARR, BURKE JOSEPH	Name	ROSENBLATT, BRADLEY WILLIAM
Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I	Address	5600 N RIVER ROAD, SUITE 300 COLUMBIA CENTRE I
City-State-Zip:	ROSEMONT IL 60018	City-State-Zip:	ROSEMONT IL 60018