

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED) MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

1

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 AUG 28 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 857933
1. Corporation Name
LINCOLN BENEFIT LIFE COMPANY

(6)



Principal Place of Business: P.O. BOX 80469, LINCOLN NE 68501-0469
Mailing Address: P.O. BOX 80469, LINCOLN NE 68501-0469

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/29/1983	02/27/1986
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		47-0221457	Not Applicable
24 Country		29 Country		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 owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent
G.F. McDERMOTT
621 NW 53RD
SUITE 700
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name: **Peter F. Souza**
82 Street Address (P.O. Box Number is Not Acceptable): **c/o CT Corporation System**
83 **1200 South Pine Island Road**
84 City: **Plantation** FL 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* **PETER F. SOUZA** ASSISTANT SECRETARY
DATE: **8/25/97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VTD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Von Fumetti, Randy J.		
1.3 STREET ADDRESS	6411 South 66th Street		
1.4 CITY-ST-ZIP	Lincoln, NE		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Wraith, B. Eugene		
4.3 STREET ADDRESS	10605 Adams Drive		
4.4 CITY-ST-ZIP	Omaha, NE		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	Rich, Robert E.		
6.3 STREET ADDRESS	6801 Deerwood Drive		
6.4 CITY-ST-ZIP	Lincoln, NE		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

CR2E034 (4/97)

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LINCOLN BENEFIT LIFE
C O M P A N Y

A MEMBER OF THE ALLSTATE LIFE GROUP

August 27, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Lincoln Benefit Life Company
Reference Number: 857933

Attached is a newly completed Profit Corporation Annual Report 1997 which includes the signature of our registered agent and the signature of an officer of Lincoln Benefit Life Company. We have no record of our original form being returned to us as noted in the attached letter.

If you have any questions, please contact me at (800) 525-9287, extension 7343.

Sincerely,



Janet P. Anderbery
Vice President and Controller

JPA:cle

Attachments