2024 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 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 03/21/2024

Electronic Signature of Registered Agent

Date

FILED Mar 21, 2024

Secretary of State

3944137750CC

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT & DIRECTOR Title CFO AND TREASURER

Name SIERRA, CARLOS Name BRAUN, ERIK THOMAS

Address 5600 N RIVER ROAD, SUITE 300 Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I COLUMBIA CENTRE I

ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

TitleSECRETARYTitleVP AND CHIEF RISK OFFICERNameGOLDBERG, DAVID ALANNameRAFSON, JOSEPH MURRAY

Address 5600 N RIVER ROAD, SUITE 300 Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I

COLUMBIA CENTRE I

COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

Title ASST. SECRETARY Title EXECUTIVE CHAIRMAN & DIRECTOR

Name SCHER, SHIMRIT Name JHAVERI, DHIREN PRAVIN

Address 5600 N RIVER ROAD, SUITE 300 Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018 City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR Title DIRECTOR

Name WIESER, JOSEPH DEAN Name HARR, BURKE JOSEPH

Address 5600 N RIVER ROAD, SUITE 300 Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018 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: DAVID GOLDBERG SECRETARY 03/21/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name ROSENBLATT, BRADLEY WILLIAM

Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018

Title CONTROLLER

Name ROGERS, CHERYL ELAINE

Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018

Title CHIEF LEGAL OFFICER & ASSISTANT

SECRETARY

Name COLLINS, REBECCA

Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018

Title DIRECTOR

Name CAROLYN, JOHNSON

Address 5600 N RIVER ROAD, SUITE 300

COLUMBIA CENTRE I

City-State-Zip: ROSEMONT IL 60018