


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0550212

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90225 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 857933

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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 3075 SANDERS ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE H2C
City & State 23	City & State 28 NORTHBROOK, IL
Zip 24	Zip 29 60062
Country 25	Country 30 U.S.

3. Date Incorporated or Qualified 09/29/1983	4. FEI Number 47-0221457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	Senior Vice President & Corporate Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JOHN J	1.2 NAME	
STREET ADDRESS	2021 THE KNOLLS	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERBERY, JANET P	2.2 NAME	
STREET ADDRESS	5120 JADE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68516	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAER, DOUGLAS F	3.2 NAME	
STREET ADDRESS	2480 LAKE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68502	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRAITH, B. EUGENE	4.2 NAME	
STREET ADDRESS	10605 ADAMS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Senior Vice President & Actuary & Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, WILLIAM F	5.2 NAME	WAY, DEAN MAX
STREET ADDRESS	3414 S 27TH ST	5.3 STREET ADDRESS	206 S. 137th STREET
CITY-ST-ZIP	LINCOLN NE	5.4 CITY-ST-ZIP	LINCOLN, NE 68508
TITLE	VDD <input type="checkbox"/> DELETE	6.1 TITLE	Executive Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, ROBERT E	6.2 NAME	
STREET ADDRESS	6801 DEERWOOD DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **David Simek** Authorized Representative *David Simek* 4/19/99 847-402-2629

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)