

# State of Idaho

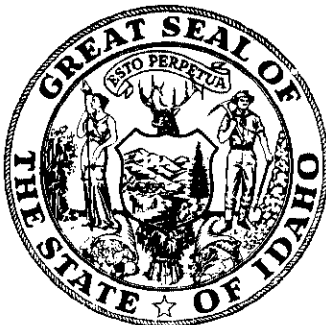
## Department of State

AMENDED CERTIFICATE OF AUTHORITY  
OF  
LINCOLN BENEFIT FINANCIAL SERVICES, INC.  
File Number C 105179

I, PETE T. CENARRUSA, Secretary of the State of the State of Idaho, hereby certify that an Application for Amended Certificate of Authority to do business in this State, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Amended Certificate of Authority to reflect the name change from **LINCOLN BENEFIT FINANCIAL SERVICES, INC.** to **ALLSTATE FINANCIAL DISTRIBUTORS, INC.** and attach hereto a duplicate of the Application for such Amended Certificate.

Dated: December 15, 1998



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By \_\_\_\_\_

*[Signature]*

# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY **FILED**



(Instructions on back of application)

DEC 15 11 01 AM '99

To the Secretary of State of the State of Idaho:

Pursuant to Section 30-1-1504, Idaho Code, the undersigned Corporation hereby applies for an amended certificate of authority to transact business in the State of Idaho and for that purpose submits the following statement. Complete only applicable items.

1. A Certificate of Authority was issued to the corporation by your office on February 15 19 94 authorizing it to transact business in the State of Idaho under the name of Lincoln Benefit Financial Services, Inc.
2. Its corporate name has been changed to Allstate Financial Distributors, Inc.
3. The name which it shall use hereafter in the State of Idaho is Allstate Financial Distributors, Inc.
4. It has changed its jurisdiction of incorporation, without a change of corporate identity to: No Change

Dated: November 30, 1998 Allstate Financial Distributors, Inc.  
(Corporation Name)

By Carol S. Watson  
Carol S. Watson

Its President  
(specify capacity of signer)

Customer Acct #:

IDAHO SECRETARY OF STATE

(if using pre-paid account)

12/15/98 09:00  
CK: 107100449 CT: 21069 BH: 170346

1 @ 30.00 = 30.00 AMEND CERT # 3  
1 @ 28.00 = 28.00 EXPEDITE C # 4

@ 105179

g:\corp\brms\AAC.prm6 Revised 7/87

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "LINCOLN BENEFIT FINANCIAL SERVICES, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ALLSTATE FINANCIAL DISTRIBUTORS, INC.", THE THIRTIETH DAY OF NOVEMBER, A.D. 1998, AT 3:30 O'CLOCK P.M.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

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981473491

AUTHENTICATION:

DATE:

9450647

12-09-98