

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

**FILED**  
**Apr 14 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 812227 (7)**

1. Corporation Name  
**AMERITAS LIFE INSURANCE CORP.**



Principal Place of Business <b>5900 'O' STR                  LINCOLN NE 68510                  US</b>	Mailing Address <b>ONE AMERITAS WAY                  P. O. BOX 81889                  LINCOLN NE 68501-1889                  US</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>09/21/1957</b>	3a. Date of Last Report <b>03/15/1996</b>
4. FEI Number <b>47-0098400</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA STATE 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)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCF <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOANN M.	1.2 NAME	
STREET ADDRESS	5900 "O" STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	1.4 CITY- ST- ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADRICK, JON C.	2.2 NAME	
STREET ADDRESS	5900 "O" STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	2.4 CITY- ST- ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, KENNETH C.	3.2 NAME	
STREET ADDRESS	5900 "O" STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	3.4 CITY- ST- ZIP	
TITLE	VSG <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIVOSHA, NORMAN M.	4.2 NAME	
STREET ADDRESS	5900 "O" STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	4.4 CITY- ST- ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTH, LAWRENCE J.	5.2 NAME	
STREET ADDRESS	5900 "O" STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	5.4 CITY- ST- ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIRE, JAMES R.	6.2 NAME	Moore, David C.
STREET ADDRESS	5900 "O" STREET	6.3 STREET ADDRESS	5900 "O" Street
CITY- ST- ZIP	LINCOLN NE	6.4 CITY- ST- ZIP	Lincoln, NE 68510

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: *Norman M. Krivosha* 4-4-97 (402) 467-1122  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Norman M. Krivosha 0499525

CR2E034 (9/96)

Additional Listing of Elected Officers and Directors  
(As of 4/8/97)

AMERITAS LIFE INSURANCE COMPANY

5900 "O" Street  
One Ameritas Way  
P.O. Box 82550  
Lincoln, Nebraska 68501-2550

TITLE	NAME	ADDRESS	CITY/STATE
D	Abel, James P.	6101 South 68th Street	Lincoln, NE
D	Acklie, Duane W.	2200 Woodsdale	Lincoln, NE
2nd V	Barth, Robert C.	5900 "O" Street	Lincoln, NE
V	Brennfoerder, Roxann	5900 "O" Street	Lincoln, NE
V	Brewster, Wayne E.	5900 "O" Street	Lincoln, NE
V	Bush, Robert W.	5900 "O" Street	Lincoln, NE
V	Connolly, Jan M.	5900 "O" Street	Lincoln, NE
D	Cook, William W., Jr.	1400 South 3rd Street	Beatrice, NE
V	Dimon, Gerald B.	5900 "O" Street	Lincoln, NE
D	Getz, Bert A.	4529 East Clearwater Parkway	Scottsdale, AZ
VC	Giovanni, William R.	5900 "O" Street	Lincoln, NE
V	Haire, James R.	5900 "O" Street	Lincoln, NE
V/Act	Higley, Thomas D.	5900 "O" Street	Lincoln, NE
V	Inman, Leslie D.	5900 "O" Street	Lincoln, NE
V	Isaacs, Steven K.	5900 "O" Street	Lincoln, NE
V	Jaskolka, Michael	5900 "O" Street	Lincoln, NE
2nd V	Johnson, Marty L.	5900 "O" Street	Lincoln, NE
V/Asst S	Jones, Kenneth R.	5900 "O" Street	Lincoln, NE
D	Knapp, James R.	2021 East Bay Avenue	Newport Beach, CA
D	Krohn, Robert F.	1427 South 85th Avenue	Omaha, NE
V	Lester, William W.	5900 "O" Street	Lincoln, NE
V	Mazzarelli, Anthony	5900 "O" Street	Lincoln, NE
V/Med D	McMullen, Bruce R., M.D.	5900 "O" Street	Lincoln, NE
D	Maddux, Wilfred J.		Wauneta, NE
V	Nelson, William W.	5900 "O" Street	Lincoln, NE
2nd V	Niebuhr, Dale K.	5900 "O" Street	Lincoln, NE
V	Raymond, Gary R.	5900 "O" Street	Lincoln, NE
V	Ritter, Barry C.	5900 "O" Street	Lincoln, NE
D	Schorr, Paul C., III	2835 Bonacum Drive	Lincoln, NE
D	Smith, William C.	6711 Rexford Drive	Lincoln, NE
V/GC/Asst S	Stading, Donald R.	5900 "O" Street	Lincoln, NE
D	Tyner, Neal E.	8225 North Golf Drive	Paradise Valley, AZ
V	VanCleave, Kenneth L.	5900 "O" Street	Lincoln, NE
D	Wade, Winston J.	6883 South Chapparat Circle West	Aurora, CO
V	Weinberg, Jon B.	5900 "O" Street	Lincoln, NE
V	Welton, Steven L.	5900 "O" Street	Lincoln, NE