

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

FILED
Feb 05 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 812227 (7)

1. Corporation Name
AMERITAS LIFE INSURANCE CORP.



| | |
|---|---|
| Principal Place of Business 5900 'O' STR LINCOLN NE 68510 US | Mailing Address ONE AMERITAS WAY P. O. BOX 81889 LINCOLN NE 68501-1889 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|------------------------|--|--------------------------------|-------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 09/21/1957 | 4. FEI Number 47-0098400 | Applied For Not Applicable |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 22 City & State | 27 P. O. Box 81889 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 23 Zip | 28 Lincoln, NE | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 24 Country | 29 68501-1889 | 30 Country | | |

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

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 | 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 | VI <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 | PD <input checked="" 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 type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, DAVID C. | 6.2 NAME | |
| STREET ADDRESS | 5900 'O' STREET | 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)(j), 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: Sandra B. Mortham 1/23/98 402-467-1122

CFR2E034 (10/97)

Additional Listing of Elected Officers and Directors
(As of 01-12-98)

AMERITAS LIFE INSURANCE CORP.

5900 "O" Street
P. O. Box 81889
Lincoln, Nebraska 68501-1889

| 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 | Bohmont, Eldon R. | 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 |
| V | Giovanni, William R. | 5900 "O" Street | Lincoln, NE |
| V | Gohde, Lori S. | 5900 "O" Street | Lincoln, NE |
| V | Haire, James R. | 5900 "O" Street | Lincoln, NE |
| V | Higley, Thomas D. | 5900 "O" Street | Lincoln, NE |
| V | Inman, Leslie D. | 5900 "O" Street | Lincoln, NE |
| V | Jaskolka, Michael | 5900 "O" Street | Lincoln, NE |
| 2nd V | Johnson, Marty L. | 5900 "O" Street | Lincoln, NE |
| V | 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 |
| D | Maddux, Wilfred J. | | Wauneta, NE |
| V | Mazzarelli, Anthony Jr. | 5900 "O" Street | Lincoln, NE |
| V/Med D | McMullen, Bruce R., | 5900 "O" Street | Lincoln, 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 |
| V/GC/Asst S | Stading, Donald R. | 5900 "O" Street | Lincoln, NE |
| V | VanCleave, Kenneth L. | 5900 "O" Street | Lincoln, NE |
| V | Weinberg, Jon B. | 5900 "O" Street | Lincoln, NE |
| V | Welton, Steven L. | 5900 "O" Street | Lincoln, NE |