

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90117 031 ***150.00

05-0209

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 812227

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/21/1957

4. FEI Number

47-0098400

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE VCF
 NAME MARTIN, JOANN M.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

TITLE VT
 NAME HEADRICK, JON C.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

TITLE PD
 NAME LOUIS, KENNETH C.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

TITLE VSG
 NAME KRIVOSHA, NORMAN M.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

TITLE CD
 NAME ARTH, LAWRENCE J.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

TITLE V
 NAME MOORE, DAVID C.
 STREET ADDRESS 5900 'O' STREET
 CITY-ST-ZIP LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VSG
 STADING, DONALD R.
 5900 'O' Street
 Lincoln NE

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

402-467-1122

CR2E034 (1/198)