

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortnam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 15 PM 3:08

DOCUMENT # P06679 (5)

1. Corporation Name
AMERITAS VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business 5900 "O" ST LINCOLN NE 68510 US	Mailing Address ONE AMERITAS WAY P. O. BOX 82550 LINCOLN NE 68501-9550
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/09/1985	3a. Date of Last Report 03/31/1994
4. FEI Number 47-0657746	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. 68501-2550	30. 2550

9. Name and Address of Current Registered Agent
**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	TYNER, NEAL E.
STREET ADDRESS	5900 "O" STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	PD
NAME	ARTH, LAWRENCE J.
STREET ADDRESS	5900 "O" STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	SD
NAME	KRIVOSHA, NORMAN M.
STREET ADDRESS	5900 "O" STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	CD
NAME	MARTIN, JOANN
STREET ADDRESS	5900 "O" STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	V
NAME	BREWSTER, WAYNE E
STREET ADDRESS	5900 "O" ST
CITY-ST-ZIP	LINCOLN NE
TITLE	VD
NAME	HAIRE, JAMES R.
STREET ADDRESS	5900 "O" STREET
CITY-ST-ZIP	LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEADRICK, JON C.	
1.3 STREET ADDRESS	5900 "O" STREET	
1.4 CITY-ST-ZIP	LINCOLN NE	
2.1 TITLE	C/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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. If I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, 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*
Norman M. Krivosha

2-8-95 (402) 467-1122

Additional Listing of Elected Officers and Directors
(As of 02/06/95)

AMERITAS VARIABLE LIFE INSURANCE COMPANY

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

<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE</u>
V/Act	Higley, Thomas D.	5900 "O" Street	Lincoln, NE
V/Asst S	Jones, Kenneth R.	5900 "O" Street	Lincoln, NE
Sr V/D	Louis, Kenneth C.	5900 "O" Street	Lincoln, NE
D	Sammet, Donald R.	5900 "O" Street	Lincoln, NE