

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **07/09/1985**
3a. Date of Last Report: **02/15/1995**
4. EIN Number: **47-0657746**
5. Corporate of States Desired: Applied For Not Applicable
6. Election Campaign Financing: **\$8.75 Additional Fee Required**
7. Trust Fund Contributor: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, State, Zip Code
FL 85

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 will be a transfer of the responsibility of the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(9)(b), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETED
NAME	HEADRICK, JON C.	
STREET ADDRESS	5900 "O" STREET LINCOLN NE	
CITY, ST, ZIP	CPD	<input type="checkbox"/> DELETED
TITLE	ARTH, LAWRENCE J.	
NAME	5900 "O" STREET	
STREET ADDRESS	LINCOLN NE	
CITY, ST, ZIP	SD	<input type="checkbox"/> DELETED
TITLE	KRIVOSHA, NORMAN M.	
NAME	5900 "O" STREET	
STREET ADDRESS	LINCOLN NE	
CITY, ST, ZIP	D	<input type="checkbox"/> DELETED
TITLE	MARTIN, JOANN	
NAME	5900 "O" STREET	
STREET ADDRESS	LINCOLN NE	
CITY, ST, ZIP	V	<input checked="" type="checkbox"/> DELETED
TITLE	BREWSTER, WAYNE E	
NAME	5900 "O" ST	
STREET ADDRESS	LINCOLN NE	
CITY, ST, ZIP	VD	<input type="checkbox"/> DELETED
TITLE	HAIRE, JAMES R.	
NAME	5900 "O" STREET	
STREET ADDRESS	LINCOLN NE	
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13. NAME	Louis, Kenneth C.
14. STREET ADDRESS	5900 O Street
15. CITY, ST, ZIP	Lincoln, NE
16. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME	
18. STREET ADDRESS	
19. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true, correct and does not conflict with the exemption stated in Section 119.02(b)(3), Florida Statutes. I further certify that the information included on this annual report is supplemental agent, registered agent, and a corporate filing, separate shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent; that I am a resident of the State of Florida; that I am a resident of the State of Florida; and that my name appears in Block 12 or Block 13 if changed or omitted in new filing with annual filing.

SIGNATURE: *Norman M. Krivosha*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR
Norman M. Krivosha

CR2E034 (12/95)

Additional Listing of Elected Officers and Directors
(As of 3/4/96)

AMERITAS VARIABLE LIFE INSURANCE COMPANY

5900 "O" Street
One Ameritas Way
P.O. Box 82550
Lincoln, Nebraska 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
V	Brewster, Wayne E.	5900 "O" Street	Lincoln, NE