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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 68501-2550**

3. Date Incorporated or Qualified
07/09/1985

3a. Date of Last Report
03/18/1996

4. FEI Number
47-0657746

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

21. Principal Place of Business Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** **29** **30**

2a. Mailing Address Suite, Apt. #, etc.
26 City & State
27 Zip Country
28

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
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 _____ DATE _____
Sign your typewritten printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADRICK, JON C.	1.2 NAME	
STREET ADDRESS	5900 "O" STREET	1.3 STREET ADDRESS	
CITY, ST, ZIP	LINCOLN NE	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	CPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTH, LAWRENCE J.	2.2 NAME	
STREET ADDRESS	5900 "O" STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	LINCOLN NE	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIVOSHA, NORMAN M.	3.2 NAME	
STREET ADDRESS	5900 "O" STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	LINCOLN NE	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JOANN	4.2 NAME	Doan, D T
STREET ADDRESS	5900 "O" STREET	4.3 STREET ADDRESS	611 Fifth Avenue
CITY, ST, ZIP	LINCOLN NE	4.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, KENNETH C	5.2 NAME	
STREET ADDRESS	5900 O ST	5.3 STREET ADDRESS	
CITY, ST, ZIP	LINCOLN NE	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIRE, JAMES R.	6.2 NAME	Bush, Robert W.
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

CR2E034 (9/96)

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

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	Brewster, Wayne E.	5900 "O" Street	Lincoln, NE
V	Chawla, Ashok	611 Fifth Avenue	Des Moines, IA
D	Godlasky, Thomas C.	611 Fifth Avenue	Des Moines, IA
V	Haire, James R.	5900 "O" Street	Lincoln, NE
Asst GC	Haggerty, Joseph K.	611 Fifth Avenue	Des Moines, IA
V	Holmes, Sandra	611 Fifth Avenue	Des Moines, IA
V/Asst S	Jones, Kenneth R.	5900 "O" Street	Lincoln, NE
Con	Martin, Joann	5900 "O" Street	Lincoln, NE
Asst S	Sheila, Sandy	611 Fifth Avenue	Des Moines, IA
D	Sproule, Michael E.	611 Fifth Avenue	Des Moines, IA
V	Streck, Linda S.	611 Fifth Avenue	Des Moines, IA
Asst T	Wagoner, Kevin	611 Fifth Avenue	Des Moines, IA