


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

FILED
Feb 05 1998 8:00am
Secretary of State

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1985	
21		26		4. FEI Number 47-0657746	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State Lincoln, NE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New 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
				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<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	<input type="checkbox"/> DELETE	2.1 TITLE	CD <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	<input type="checkbox"/> DELETE	3.1 TITLE	<input 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOAN, D.T.	4.2 NAME	William J. Atherton
STREET ADDRESS	611 FIFTH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, ROBERT W.	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)(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: *[Signature]* 1/23/98 402-467-1122

CR2E084 (10/97)

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

AMERITAS VARIABLE LIFE INSURANCE COMPANY

5900 "O" Street
P. O. Box 82550
Lincoln, Nebraska 68501-2550

TITLE	NAME	ADDRESS	CITY, STATE
V	Brewster, Wayne E.	5900 "O" Street	Lincoln, NE
V	Chawla, Ashok	611 Fifth Avenue	Des Moines, IA
V	Clark, Brian	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
Asst S	Linville, Candace	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
VD	McPhail, Gary R.	611 Fifth Avenue	Des Moines, IA
D	Sproule, Michael E.	611 Fifth Avenue	Des Moines, IA
Asst T	Wagoner, Kevin	611 Fifth Avenue	Des Moines, IA