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May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90119 022 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P06679

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

3. Date Incorporated or Qualified  
07/09/1985

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 owes the current year Intangible Personal Property Tax.  Yes  No

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  
85 Zip Code  
FL

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	HEADRICK, JON C.	
STREET ADDRESS	5900 "O" STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ARTH, LAWRENCE J.	
STREET ADDRESS	5900 "O" STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRIVOSHA, NORMAN M.	
STREET ADDRESS	5900 "O" STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ATHERTON, WILLIAM J	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOUIS, KENNETH C	
STREET ADDRESS	5900 O ST	
CITY-ST-ZIP	LINCOLN NE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUSH, ROBERT W.	
STREET ADDRESS	5900 "O" STREET	
CITY-ST-ZIP	LINCOLN NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input 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 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: Katherine M. Krivosha 4-26-99 402-467-1122  
Date Daytime Phone #

CR2E034 (1/98)