

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812227

Entity Name: AMERITAS LIFE INSURANCE CORP.

Current Principal Place of Business:

5900 O STREET
LINCOLN, NE 68510

Current Mailing Address:

PO BOX 81889
LINCOLN, NE 68501-1889 US

FEI Number: 47-0098400

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCEO
Name MARTIN, JOANN M
Address 5900 O STREET
City-State-Zip: LINCOLN NE 68510

Title VT
Name LESTER, WILLIAM W
Address 390 N COTNER BLVD
City-State-Zip: LINCOLN NE 68505

Title VP
Name STONEHOCKER, TIMMY L
Address 5900 O STREET
City-State-Zip: LINCOLN NE 68510

Title VCFO
Name BARTH, ROBERT C
Address 5900 O STREET
City-State-Zip: LINCOLN NE 68510

Title VS
Name SANDS, ROBERT-JOHN H
Address 4550 MONTGOMERY AVE
City-State-Zip: BETHESDA MD 20814

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT-JOHN H. SANDS

SR. VP, GENERAL
COUNSEL & CORPORATE
SECRETARY

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date