

**2022 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

**FILED**  
**Apr 05, 2022**  
**Secretary of State**  
**5084124945CC**

*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 CHAIRMAN, PRESIDENT, CEO  
Name LESTER, WILLIAM W  
Address 5900 O STREET  
City-State-Zip: LINCOLN NE 68510

Title VP, CFO  
Name WILKINSON, SUSAN K  
Address 5900 O STREET  
City-State-Zip: LINCOLN NE 68510

Title VP, SECRETARY  
Name NEIGHBORS, CHRISTINE M  
Address 5900 O STREET  
City-State-Zip: LINCOLN NE 68510

Title DIRECTOR  
Name DINSDALE, JOHN S  
Address PINNACLE BANCORP INC  
18081 BURT ST  
City-State-Zip: OMAHA NE 68022

Title DIRECTOR  
Name ABEL, JAMES P  
Address NEBCO, INC.  
1815 Y STREET  
City-State-Zip: LINCOLN NE 68508

Title DIRECTOR  
Name KRIEGER, JAMES R  
Address GALLUP, INC.  
1001 GALLUP DR  
City-State-Zip: OMAHA NE 68102

Title DIRECTOR  
Name ROBAK, KIM M  
Address MUELLER ROBAK LLC  
530 SOUTH 13TH ST SUITE 110  
City-State-Zip: LINCOLN NE 68508

Title DIRECTOR  
Name SCHORR, PAUL C IV  
Address ONE EQUITY PARTNERS  
510 MADISON AVE, 19TH FLOOR  
City-State-Zip: NEW YORK NY 10022

**Continues on page 2**

*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:** CHRISTINE NEIGHBORS

**VP, SECRETARY**

**04/05/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OSTERGARD, TONN M  
Address CRETE CARRIER CORPORATION  
400 NW 56TH ST  
City-State-Zip: LINCOLN NE 68528

Title DIRECTOR  
Name SLONE, BRYAN E  
Address NEBRASKA CHAMBER OF COMMERCE &  
INDUSTRY  
1128 LINCOLN MALL SUITE 302  
City-State-Zip: LINCOLN NE 68508

Title DIRECTOR  
Name FROHMAN, ANN M  
Address 1350 ALDRICH ROAD  
City-State-Zip: LINCOLN NE 68510

Title DIRECTOR  
Name VERMA, ROHIT  
Address 5335 TRIANGLE PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30092

Title DIRECTOR  
Name MCGUIRE, PATRICIA A ESQ.  
Address TRINITY WASHINGTON UNIVERSITY  
125 MICHIGAN AVE NE  
City-State-Zip: WASHINGTON DC 20017

Title DIRECTOR  
Name KNAPP, THOMAS W  
Address UNIVERSITY OF SOUTHERN  
CALIFORNIA, MARSHALL SCHOOL OF  
BUSINESS  
610 CHILDS WAY, JFF521  
City-State-Zip: LOS ANGELES CA 90089

Title DIRECTOR  
Name STUART, ORIS R.  
Address 545 5TH AVENUE  
City-State-Zip: NEW YORK NY 10017