

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812227

**FILED**  
**Mar 05, 2019**  
**Secretary of State**  
**4938229280CC**

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

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

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 1815 Y STREET  
City-State-Zip: LINCOLN NE 68508

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

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

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*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

**SVP, GENERAL COUNSEL 03/05/2019**  
**& CORPORATE**  
**SECRETARY**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name MCGUIRE, PATRICIA A  
Address TRINITY WASHINGTON UNIVERSITY  
125 MICHIGAN AVE  
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 OSTERGARD, TONN M  
Address CRETE CARRIER CORPORATION  
400 NW 56TH ST  
City-State-Zip: LINCOLN NE 68528

Title DIRECTOR  
Name SLONE, BRYAN E  
Address 1320 LINCOLN MALL  
STE 201  
City-State-Zip: LINCOLN NE 68509