

2018 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 DIRECTOR, CEO
Name MARTIN, JOANN M
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 DIRECTOR
Name DINSDALE, J SIDNEY
Address PINNACLE BANCORP INC
18081 BURT ST
City-State-Zip: OMAHA NE 68022

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

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

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

Title DIRECTOR
Name ABEL, JAMES P
Address 6101 S 68TH ST
City-State-Zip: LINCOLN NE 68516

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. SANDSSR. VP, GENERAL
COUNSEL & CORPORATE
SECRETARY

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SCHORR, PAUL C IV
Address THE BLACKSTONE GROUP
345 PARK AVE STE31
City-State-Zip: NEW YORK NY 10154

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

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 KOLEY JESSEN P.C., L.L.O.
ONE PACIFIC PLACE STE 800
City-State-Zip: OMAHA NE 68124