

**2014 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

**SENIOR VICE PRESIDENT 03/14/2014  
& CORPORATE  
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date