FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90028 039 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 812227

1. Entity Name
Ameritas Life Insurance Corp.

DO NOT WRITE IN THIS SPACE

B0018412

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2. Principal Place of Business	3. Mailing Address
5900 'O' Street	P.O. Box 81889
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Lincoln, NE
City & State	City & State
Lincoln, NE 65510	68501-1889
Zip / Country	Zip / Country
USA	USA

4. FEI Number 47-0098400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Florida State Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable): The Capitol

City: Tallahassee FL Zip Code:

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VCF
NAME	Martin, JOANN M.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510
TITLE	VT
NAME	LESTER, WILLIAM W.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510
TITLE	PCOO
NAME	Moore, David C.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510
TITLE	VSG
NAME	Stading, Donald R.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510
TITLE	CCEO
NAME	Louis, Kenneth C.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510
TITLE	D
NAME	Arth, Lawrence J.
STREET ADDRESS	5900 'O' Street
CITY-ST-ZIP	Lincoln, NE 68510

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CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald R. Stading 1/10/2002 (402) 467-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #