FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR -4 AM 11:58

DOCUMENT # F94000005039 (2)

1. Corporation Name

AMERITAS MANAGED DENTAL PLAN, INC.

Principal Place of Business	Mailing Address
10002 PRINCESS PALM AVE., #224 TAMPA FL 33619	10002 PRINCESS PALM AVE., #224 TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 5900 "O" STREET
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28 LINCOLN, NE
Zip: 24 / Country: 25	Zip: 29 68510 / Country: 30 USA

4. FEI Number: 33-1097402 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	11 TITLE	☐ Change ☐ Addition
NAME	ARTH, LAWRENCE J	12 NAME	
STREET ADDRESS	1301 EVERGREEN DR.	13 STREET ADDRESS	SEE ATTACHED STATEMENT FOR ADDITIONS AND CHANGES
CITY-ST-ZIP	LINCOLN NE 68510-4138	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BUCKNUM, PATRICK W	22 NAME	
STREET ADDRESS	1140 E. CHASE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	EL CAJON CA 92020	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	HEADRICK, JON C	32 NAME	
STREET ADDRESS	7917 A ST.	33 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68510-4272	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KRIVOSHA, NORMAN M JUDGE	42 NAME	
STREET ADDRESS	7917 A ST.	43 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68510-4272	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	MOORE, DAVID C	52 NAME	
STREET ADDRESS	1641 DEVOE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68506-1829	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	STADING, DONALD R	62 NAME	
STREET ADDRESS	2640 WOODLEIGH LANE	63 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE 68506-4051	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jon C Headrick 3/30/95 (402) 467-7757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000300 CP

F940000050S9

AMERITAS MANAGED DENTAL PLAN, INC.
OFFICERS AND DIRECTORS
FOR YEAR ENDING DECEMBER 31, 1994

OFFICE/ TITLE	NAME & ADDRESS	
DCEO	ARTH, LAWRENCE J	5900 "O" STREET, LINCOLN, NE 68510
PD	GRAY, MANLEY I.	151 KALMUS DR. STE B250, COSTA MESA, CA 92626
T	HEADRICK, JON C.	5900 "O" STREET, LINCOLN, NE 68510
SD	KRIVOSHA, NORMAN M.	5900 "O" STREET, LINCOLN, NE 68510
VD	MOORE, DAVID C.	5900 "O" STREET, LINCOLN, NE 68510
SD	STADING, DONALD R.	5900 "O" STREET, LINCOLN, NE 68510
D	MARTIN, JOANN M.	5900 "O" STREET, LINCOLN, NE 68510
V	NELSON, WILLIAM W.	5900 "O" STREET, LINCOLN, NE 68510
VD	VANCLEAVE, KENNETH L.	5900 "O" STREET, LINCOLN, NE 68510