FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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	5900 "O" STREET LINCOLN NE 68510 US

3. Date Incorporated or Qualified: **09/28/1994**

3a. Date of Last Report: **04/04/1995**

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCEO	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	ARTH, LAWRENCE J		12 NAME		
STREET ADDRESS	1301 EVERGREEN DR.		13 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE 68510-4138		14 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	21 TITLE	PD	☐ Change ☒ Addition
NAME	BUCKNUM, PATRICK W		22 NAME	Gray, Manley I.	
STREET ADDRESS	1140 E. CHASE AVE.		23 STREET ADDRESS	28732 Mira Vista	
CITY-ST-ZIP	EL CAJON CA 92020		24 CITY-ST-ZIP	Laguna Niguel, CA 92677-4553	
TITLE	T	☐ DELETE	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	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	KRIVOSHA, NORMAN M JUDGE		42 NAME		
STREET ADDRESS	7917 A ST.		43 STREET ADDRESS	2835 O'Reilly Drive	
CITY-ST-ZIP	LINCOLN NE 68510-4272		44 CITY-ST-ZIP	Lincoln, NE 68502-5741	
TITLE	VD	☐ DELETE	51 TITLE	C	☒ 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	☐ DELETE	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		

CR2E034 (12/95)

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 Blocks 12 or Blocks 13 if changed, or on an attachment with an address.

SIGNATURE: Norman M. Krivosha — 3-5-96 — (402) 467-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

Norman M. Krivosha

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Additional Listing of Elected Officers and Directors
(As of 3/4/96)

AMERITAS MANAGED DENTAL PLAN

5900 "O" Street
Lincoln, Nebraska 68501-2550

TITLE	NAME	ADDRESS	CITY/STATE
D	Louis, Kenneth C.	5900 "O" Street	Lincoln, NE
DCFO	Martin, JoAnn M.	5900 "O" Street	Lincoln, NE
V	Nelson, William W.	5900 "O" Street	Lincoln, NE
DV	VanCleave, Kenneth L.	5900 "O" Street	Lincoln, NE