FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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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

10002 PRINCESS PALM AVE., #224
TAMPA FL 33619

Mailing Address

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	DCEO	☐ DELETE
NAME	ARTH, LAWRENCE J	
STREET ADDRESS	1301 EVERGREEN DR.	
CITY-ST-ZIP	LINCOLN NE 68510-4138	
TITLE	PD	☒ DELETE
NAME	BUCKNUM, PATRICK W	
STREET ADDRESS	1140 E. CHASE AVE.	
CITY-ST-ZIP	EL CAJON CA 92020	
TITLE	T	☐ DELETE
NAME	HEADRICK, JON C	
STREET ADDRESS	7917 A ST.	
CITY-ST-ZIP	LINCOLN NE 68510-4272	
TITLE	SD	☐ DELETE
NAME	KRIVOSHA, NORMAN M JUDGE	
STREET ADDRESS	7917 A ST.	
CITY-ST-ZIP	LINCOLN NE 68510-4272	
TITLE	VD	☐ DELETE
NAME	MOORE, DAVID C	
STREET ADDRESS	1641 DEVOE DR.	
CITY-ST-ZIP	LINCOLN NE 68506-1829	
TITLE	S	☐ DELETE
NAME	STADING, DONALD R	
STREET ADDRESS	2640 WOODLEIGH LANE	
CITY-ST-ZIP	LINCOLN NE 68506-4051	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	PD	☐ Change ☒ Addition
22 NAME	Gray, Manley I.	
23 STREET ADDRESS	28732 Mira Vista	
24 CITY-ST-ZIP	Laguna Niguel, CA 92677-4553	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	2835 O'Reilly Drive	
44 CITY-ST-ZIP	Lincoln, NE 68502-5741	
51 TITLE	C	☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

CR2E034 (12/95)

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