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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 68510-2234 US

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report: 03/19/1996

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

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	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	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	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ARTH, LAWRENCE J		1.2 NAME		
STREET ADDRESS	1301 EVERGREEN DR.		1.3 STREET ADDRESS	5900 O Street	
CITY-ST-ZIP	LINCOLN NE		1.4 CITY-ST-ZIP	Lincoln, NE 68510	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☐ Change ☒ Addition
NAME	GRAY, MANLEY I		2.2 NAME	Truxillo, Karin F.	
STREET ADDRESS	28732 MIRA VISTA		2.3 STREET ADDRESS	151 Kalmus Drive, Suite B250	
CITY-ST-ZIP	LAGUNA NIGUEL CA 53		2.4 CITY-ST-ZIP	Costa Mesa, CA 92626	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HEADRICK, JON C		3.2 NAME		
STREET ADDRESS	7917 A ST.		3.3 STREET ADDRESS	5900 O Street	
CITY-ST-ZIP	LINCOLN NE 68510-4272		3.4 CITY-ST-ZIP	Lincoln, NE 68510	
TITLE	SD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	KRIVOSHA, NORMAN M JUDGE		4.2 NAME		
STREET ADDRESS	2835 O'REILLY DRIVE		4.3 STREET ADDRESS	5900 O Street	
CITY-ST-ZIP	LINCOLN NE 41		4.4 CITY-ST-ZIP	Lincoln, NE 68510	
TITLE	C	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MOORE, DAVID C		5.2 NAME		
STREET ADDRESS	1641 DEVOE DR.		5.3 STREET ADDRESS	5900 O Street	
CITY-ST-ZIP	LINCOLN NE		5.4 CITY-ST-ZIP	Lincoln, NE 68510	
TITLE	S	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	STADING, DONALD R		6.2 NAME		
STREET ADDRESS	2640 WOODLEIGH LANE		6.3 STREET ADDRESS	5900 O Street	
CITY-ST-ZIP	LINCOLN NE 68506-4051		6.4 CITY-ST-ZIP	Lincoln, NE 68510	

CR2E034 (9/96)

14. I do 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 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: Donald R Stading 4-23-97 (402) 467-7465

Additional Listing of Elected Officers and Directors
(As of 4/23/97)

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