FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
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
10002 PRINCESS PALM AVE., #224
TAMPA FL 33619

Mailing Address
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 (24) Country (25)
Zip (29) Country (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
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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 FILED 4-23-97 (402) 467-7465

CR2E034 (9/96)

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