

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 North Westshore Blvd.		2a. Mailing Address 26		4. FEI Number 33-1097402		Applied For Not Applicable	
22 Suite, Apt. # etc Suite 410		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Tampa, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33609		25 Country		29 Zip		30 Country	

3. Date Incorporated or Qualified
09/28/1994

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		85 Zip Code FL	

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTH, LAWRENCE J	1.2 NAME	
STREET ADDRESS	5900 O STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUXILLO, KARIN F	2.2 NAME	
STREET ADDRESS	151 KALMUS DR #B250	2.5 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	2.4 CITY-ST-ZIP	
TITLE	I <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEADRICK, JON C	3.2 NAME	
STREET ADDRESS	5900 O STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIVOSHA, NORMAN M JUDGE	4.2 NAME	
STREET ADDRESS	5900 O STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DAVID C	5.2 NAME	
STREET ADDRESS	5900 O STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADING, DONALD R	6.2 NAME	
STREET ADDRESS	5900 O STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN NE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 1/23/98 (702) 467-7465

CR2E034 (10/97)

Additional Listing of Elected Officers and Directors
(As of 01-12-98)

AMERITAS MANAGED DENTAL PLAN

5900 "O" Street
Lincoln, Nebraska 68501-2550

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