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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	
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		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 500 North Westshore Blvd.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 410		3. Date Incorporated or Qualified 09/28/1994	
City & State 23 Tampa, FL		City & State 28 Tampa, FL		4. FEI Number 33-1097402	
Zip 24 33609		Country 25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 29		Zip 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	1.1 TITLE	
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	2.1 TITLE	
NAME	TRUXILLO, KARIN F	2.2 NAME	
STREET ADDRESS	151 KALMUS DR #B250	2.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA	2.4 CITY-ST-ZIP	
TITLE	I	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	CD
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	6.1 TITLE	SD
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 on an attachment with an address.

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

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>CITY, STATE</b>
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