


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90091 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005039

1. Corporation Name

AMERITAS MANAGED DENTAL PLAN, INC.



Principal Place of Business 500 NORTH WESTSHORE BLVD SUITE 410 TAMPA FL 33609 US	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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 09/28/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 33-1097402	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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	

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	ARTH, LAWRENCE J
STREET ADDRESS	5900 O STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	PD <input type="checkbox"/> DELETE
NAME	TRUXILLO, KARIN F
STREET ADDRESS	151 KALMUS DR #B250
CITY-ST-ZIP	COSTA MESA CA
TITLE	T <input type="checkbox"/> DELETE
NAME	HEADRICK, JON C
STREET ADDRESS	5900 O STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	SD <input type="checkbox"/> DELETE
NAME	KRIVOSHA, NORMAN M JUDGE
STREET ADDRESS	5900 O STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	C <input type="checkbox"/> DELETE
NAME	MOORE, DAVID C
STREET ADDRESS	5900 O STREET
CITY-ST-ZIP	LINCOLN NE
TITLE	S <input type="checkbox"/> DELETE
NAME	STADING, DONALD R
STREET ADDRESS	5900 O STREET
CITY-ST-ZIP	LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SD
6.3 STREET ADDRESS	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

Additional Listing of Elected Officers and Directors
(As of 01-12-99)

490336-90091-49
F94000005039

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
VD	VanCleave, Kenneth L.	5900 "O" Street	Lincoln, NE