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

Mailing Address

5900 "O" STREET

LINCOLN NE 68510-2234

**PROFIT** CORPORATION ANNUAL REPORT 1999

Principal Place of Business

5900 "O" STREET

LINCOLN NE 68510-2234



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90014 040 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Corporation Name

AMERITAS INVESTMENT CORP.

2. Principal Place of Business   2a Mailing Address   4. FET Number   Applied For   Not Applied For	03		03	•				7/31/84			
28	2 Principal F	Place of Business	2a Mailing A	ddress						Apr	lied For
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City & State    City & State								_ \$8.75 Additional			
City & State   City & City & State   City &							5. Certificate of Status Desired  Fee Required			juired	
28		te	City & St	ate				6. Election Campaign Financing	\$5	.00	May Be
25   25   29   30   Personal Property Tax.   Yes   No	23		28					Trust Fund Contribution	Ad	ded to	Fees
9, Name and Address of Current Registered Agent  UNITED STATES CORPORATION COMPANY 1201 HAYS STREET  SUITE 105  TALLAHASSEE, FL 32301  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florids Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florids Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607,1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florids Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  14. TITLE  15. TITLE  10. Change Addition  NAME  STREET ADDRESS  14. TITLE  10. Change Addition  NAME  15. TITLE  16. TITLE  16. Change Addition  NAME  15. TITLE  16. Change Addition  NAME  15. TITLE  16. Change Addition  NAME  16. TITLE  16. C	Zip	Country	Zip		<b>⊸</b> ′	,		8. This corporation owes the current year tr			_
INITED STATES CORPORATION COMPANY  1201 HAYS STREET SUTTE 105 TALLAHASSEE, FL 32301  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 507 USD2 and 507 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12 OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OELETE  11 TITLE  OELETE  12 TITLE  OELETE  21 TITLE  OELETE  21 TITLE  OELETE  21 TITLE  OELETE  21 TITLE  OELETE  32 SIRRELADORSS  CITY-ST-ZP  TITLE  OELETE  33 STREET ADDRESS  CITY-ST-ZP  TITLE  OELETE  34 CITY-ST-ZP  OELETE  35 TITLE  OELETE  36 TITLE  OELETE  36 TITLE  OELETE  37 TITLE  OELETE  35 TITLE  OELETE  37 TITLE  OELETE  35 TITLE  OELETE  36 TITLE  OELETE  37 TITLE  OELETE  37 TITLE  OELETE  38 TITLE  OELETE  38 TITLE  OELETE  37 TITLE  OELETE  37 TITLE  OELETE  37 TITLE  OELETE  38 TITLE  OELETE  38 TITLE  OELETE  37 TITLE  OELETE  38 TIT	24				<u> </u>						
INTERED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301  ### City   FL   85   Zip Code    City   FL   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Code   City   Fl   85   Zip Cod	ļ	9. Name and Address of Curre	nt Registered Age	nt		T		10. Name and Address of New Registered	/ Agent		
12.01 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301  83  84 City FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGN	UNITED	STATES CORPORATION	COMPANY		81	Na	ame				
SUITE 105 TALLAHASSEE, FL 32301  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 and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  DELETE  11 TITLE  DELETE  12 NAME  13 STREET ADDRESS  CITY-ST-ZP  13 STREET ADDRESS  CITY-ST-ZP  SIGNATURE  SIREE ADDRESS  CITY-ST-ZP  SIGNATURE  SIREE ADDRESS  CITY-ST-ZP  SIGNATURE  SIREE ADDRESS  CITY-ST-ZP  SIREE ADDRESS  CITY-ST-ZP  SIGNATURE  SIREE ADDRESS  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE	\   -				82 Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301  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 haveby accept the appenditument as registered office or registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I haveby accept the appenditument as registered states and the provision of Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I haveby accept the appenditument as registered states and the provision of Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I haveby accept the appenditument as registered states and the provision of Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I haveby accept the appenditument as registered states.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  13. TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND						ļ					
Section   Sections of Sections 607 0502 and 607.1508, Floridal Statutes, be 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 is registered agent, and familiar with, and accept the obligations of, Section 607,0505, Floridal Statutes, because agent and sent appointment is registered agent agent and sent appointment is registered agent					83	)					
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. 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, 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent and tall a spikeable.    12	Indiana	ABBEH, 11 32301			84	Cit	ty		85	Zíp C	ode
office or registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorated by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, and accept the obligations of section 60 Science 607					l	<u> </u>					
Agent. I am familiar with, and accept the obligations of, Section 607-0505, Florida Statutes.  SIGNATURE    Signature, typed or protect name of registered agent and time if applicable. (NOTE: Registered Agent segrature required when reinstance)   12.	11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F of Florida, Such cl	lorida Statutes, pande was authi	the above orized by	e-nar the c	med corpor corporation	ation submits this statement for the purpose o 's board of directors. I hereby accept the appo	it changir sintment a	ng its i as red	egisterea istered
12	agent. I a	am familiar with, and accept the oblig	ations of, Section 6	07.0505, Florida	Statutes	i				•	
12.	SIGNATURE										
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	CITY-ST-ZIP				6.4 CITY- ST	T-ZIP	1				

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:

THOMAS C. BI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THOMAS C. BITTNER

VP-MKTG & ADMIN

5/11/99

402-467-7706

# AMERITAS INVESTMENT CORP. OFFICERS AND DIRECTORS FOR YEAR ENDING DECEMBER 31, 1998

## 571686-90014-40 P02871

	<u>DATE TAKING</u>						
<u>NAME</u>	OFFICE	OFFICE	<u>ADDRESS</u>				
LAWRENCE J. ARTH	CHM OF BRD	02/07/1994	5900 "O" STREET, LINCOLN NE 68510				
	DIRECTOR	12/29/1983	OSOS O GINEEI, EMOCEIVILE 00310				
THOMAS C. BITTNER	VP - MKTG & ADMIN	05/01/1995	5900 "O" STREET, LINCOLN NE 68510				
ALAN R. EVELAND	VP - PUBLIC FINANCE	03/18/1996	5900 "O" STREET, LINCOLN NE 68510				
WILLIAM R. GIOVANNI	PRES & CEO	02/20/1996	5900 "O" STREET, LINCOLN NE 68510				
	DIRECTOR	04/01/1996	3333 3 3 11 12 1, 2 11 10 <b>32</b> 11 11 <b>2</b> 333 13				
JON C. HEADRICK	TREASURER	10/07/1988	5900 "O" STREET, LINCOLN NE 68510				
KENNETH R. JONES	VP - CORP COMPL & ASST SECY	07/01/1994	5900 "O" STREET, LINCOLN NE 68510				
NORMAN M. KRIVOSHA	SECY & GENERAL COUNSEL	12/88	5900 "O" STREET, LINCOLN NE 68510				
KENNETH C. LOUIS	SR VP	04/01/1996	5900 "O" STREET, LINCOLN NE 68510				
	DIRECTOR	10/31/1994					
BILLIE B. BEAVERS	SR VP	04/03/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
JAMES R. FOX	SR VP	04/03/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
MICHAEL P. HEATON	SR VP	04/03/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
BRUCE D. LEFLER	VP	04/03/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
GARY R. MCPHAIL	SR VP	05/02/1997	611 5TH AVENUE, DES MOINES IA 50309				
	DIRECTOR	05/02/1997					
ROBERT W. MORROW	VP	10/16/1996	5900 "O" STREET, LINCOLN NE 68510				
MICHAEL VANHORNE	SR VP	07/10/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
JANELL D. WINSOR	VP - RET SALES MGR	09/01/1989	5900 "O" STREET, LINCOLN NE 68510				
JOHN V. SCHEER	VP - SALES MGR	06/16/1998	5900 "O" STREET, LINCOLN NE 68510				
CHRISTIAN C. WOLFF III	ASST VP	04/03/1997	440 REGENCY PKWY DR, OMAHA NE 68114				
THOMAS C. GODLASKY	DIRECTOR	04/01/1996	611 5TH AVENUE, DES MOINES IA 50309				
MICHAEL G. FRAIZER	DIRECTOR	10/09/1998	611 5TH AVENUE, DES MOINES IA 50309				
MICHAEL E. SHOEMAKER	VP - FIXED INCOME TRAD & U/W	06/05/1998	5900 "O" STREET, LINCOLN NE 68510				