

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02871

FILED
Feb 19, 2008
Secretary of State

Entity Name: AMERITAS INVESTMENT CORP

Current Principal Place of Business:

5900 O ST
LINCOLN, NE 685102234 US

New Principal Place of Business:

Current Mailing Address:

5900 O ST
LINCOLN, NE 685102234 US

New Mailing Address:

FEI Number: 47-0663374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTH, LAWRENCE J.,
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: VPPM () Delete
Name: JANSSEN, WILLIAM J
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: P () Delete
Name: HITCOCK-GEAR, SALENE
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: VPSG () Delete
Name: LANGE, ROBERT G
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: COO () Delete
Name: HEILMAN, CHERYL
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: T () Delete
Name: LESTER, WILLIAM J
Address: 5900 O ST
City-St-Zip: LINCOLN, NE 68510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KENT, C AMPBELL M
Address: 611 5TH AVE
City-St-Zip: DES MOINES, IA 50309 US

Title: VPMG (X) Change () Addition
Name: JANSSEN, WILLIAM J
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: P (X) Change () Addition
Name: HITCOCK-GEAR, SALENE
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: COO (X) Change () Addition
Name: HEILMAN, CHERYL L
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. HEILMAN

COO

02/19/2008

Electronic Signature of Signing Officer or Director

Date