

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02871

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** AMERITAS INVESTMENT CORP

**Current Principal Place of Business:**

5900 O STREET  
LINCOLN, NE 685102234 US

**New Principal Place of Business:**

**Current Mailing Address:**

5900 O STREET  
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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: HITCHCOCK-GEAR, SALENE M  
Address: 7315 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814 US

Title: SEC  
Name: SANDS, ROBERT-JOHN H  
Address: 7315 WISCONSIN AVENUE  
City-St-Zip: BETHESDA, MD 20814 US

Title: VP  
Name: HUTSELL, WENDELL G  
Address: 5900 O STREET  
City-St-Zip: LINCOLN, NE 68510 US

Title: AVP  
Name: OSS, STEVEN M  
Address: 5900 O STREET  
City-St-Zip: LINCOLN, NE 68510 US

Title: CHR  
Name: LESTER, WILLIAM W  
Address: 5900 O STREET  
City-St-Zip: LINCOLN, NE 68510 US

Title: DIR  
Name: STONEHOCKER, TIMMY L  
Address: 5900 O STREET  
City-St-Zip: LINCOLN, NE 68510 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN M. OSS

AVP

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date