

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

05-05-1999 90119 022 \*\*\*150.00

DOCUMENT # P06679

1. Corporation Name

AMERITAS VARIABLE LIFE INSURANCE COMPANY

Principal Place of Business

5900 "O" ST  
LINCOLN NE 68510  
US

Mailing Address

ONE AMERITAS WAY  
P. O. BOX 82550  
LINCOLN NE 68501-9550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1985

4. FEI Number

47-0657746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301

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

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME T  
STREET ADDRESS HEADRICK, JON C.  
CITY-ST-ZIP 5900 "O" STREET  
LINCOLN NE

13. TITLE ☐ DELETE

NAME CD  
STREET ADDRESS ARTH, LAWRENCE J.  
CITY-ST-ZIP 5900 "O" STREET  
LINCOLN NE

14. TITLE ☐ DELETE

NAME S  
STREET ADDRESS KRIVOSHA, NORMAN M.  
CITY-ST-ZIP 5900 "O" STREET  
LINCOLN NE

15. TITLE ☐ DELETE

NAME PD  
STREET ADDRESS ATHERTON, WILLIAM J  
CITY-ST-ZIP 611 FIFTH AVE  
DES MOINES IA

16. TITLE ☐ DELETE

NAME VD  
STREET ADDRESS LOUIS, KENNETH C  
CITY-ST-ZIP 5900 O ST  
LINCOLN NE

17. TITLE ☐ DELETE

NAME VD  
STREET ADDRESS BUSH, ROBERT W.  
CITY-ST-ZIP 5900 "O" STREET  
LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

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

4-26-99

Date

402-467-1122

Daytime Phone #

CR2E034 (1/98)

0550213