

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**  
 02-01-2001 90158 034 \*\*\*150.00

**DOCUMENT # P06679**

1. Entity Name

**AMERITAS VARIABLE LIFE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

5900 "O" ST  
 LINCOLN NE 68510  
 US

P. O. BOX 82550  
 LINCOLN NE 68501-9550  
 US

2. Principal Place of Business

3. Mailing Address

P O Box 82550

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Lincoln, NE

4. FEI Number **47-0657746**

Applied For

Not Applicable

Zip

Country

Zip

Country

68501-2550

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399-0300**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTER, WILLIAM W 5900 "O" STREET LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ARTH, LAWRENCE J. 5900 "O" STREET LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STADING, DONALD R 5900 "O" STREET LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATHERTON, WILLIAM J 5900 O STREET LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOUIS, KENNETH C 5900 O ST LINCOLN NE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, JOANN M 5900 "O" STREET LINCOLN NE	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

**Donald R. Stading, Secy & Gen. Counsel**

Date

**402-467-1122**

Daytime Phone #

CR2E034 (10/00)

Additional Listing of Elected Officers and Directors  
(As of 12-31-00)

Doc  
#PD6679

B0014567

**AMERITAS VARIABLE LIFE INSURANCE COMPANY**

5900 "O" Street  
P. O. Box 82550  
Lincoln, Nebraska 68501-2550

TITLE	NAME	ADDRESS	CITY, STATE
Con	Barth, Robert C.	5900 "O" Street	Lincoln, NE
V	Clark, Brian	611 Fifth Avenue	Des Moines, IA
D	Frazier, Michael G.	611 Fifth Avenue	Des Moines, IA
V	Gilbertson, Raymond M.	5900 "O" Street	Lincoln, NE
VD	Godlasky, Thomas C.	611 Fifth Avenue	Des Moines, IA
Asst GC	Haggerty, Joseph K.	611 Fifth Avenue	Des Moines, IA
V	Holmes, Sandra	611 Fifth Avenue	Des Moines, IA
Asst S	Lange, Robert G.	5900 "O" Street	Lincoln, NE
V	Lavelle, Cynthia J.	5900 "O" Street	Lincoln, NE
VD	McPhail, Gary R.	611 Fifth Avenue	Des Moines, IA
2 <sup>nd</sup> V	Rutford, Mary H.	5900 "O" Street	Lincoln, NE
Asst. S.	Sandy, Sheila	611 Fifth Avenue	Des Moines, IA
V	Simpson, Thomas N.	5900 "O" Street	Lincoln, NE
Asst T	Wagoner, Kevin J.	611 Fifth Avenue	Des Moines, IA