

POLK 79

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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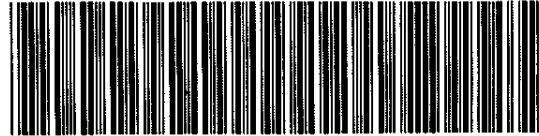
(Business Entity Name)

(Document Number)

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# UNIFI

Companies™

Ameritas Life, Acacia Life, Union Central Life  
and affiliated companies

July 27, 2007

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: DISSOLUTION OF FOREIGN CORPORATION**

**AMERITAS VARIABLE LIFE INSURANCE COMPANY  
NAIC NO.: 0943-97977**

Dear Sir/Madam:

Ameritas Variable Life Insurance Company (Ameritas Variable) is a Nebraska domestic corporation licensed to do business as a foreign corporation in your state.

Effective May 1, 2007, Ameritas Variable, a wholly-owned subsidiary of Ameritas Life Insurance Corp., also a Nebraska domestic life insurer, merged with and into Ameritas Life Insurance Corp. Upon the effective date of this merger, Ameritas Life became the surviving company. Ameritas Variable is voluntarily surrendering its authority/registration to do business as a foreign corporation in your state.

Enclosed are all applicable documents to accomplish this surrender.

We look forward to answering any questions you may have and providing you with any further information and materials you may determine are needed in order to complete your review in an expedited manner. Thank you for your prompt attention to this matter.

Sincerely,



Robert G. Lange  
Vice President, General Counsel and Assistant Secretary  
Ameritas Life Insurance Corp.  
Phone: 402-325-4249  
Fax: 402-467-7956  
email: blange@ameritas.com  
Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ameritas Variable Life Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** P06679

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Robert G. Lange

(Name of Person)

Ameritas Life Insurance Corp.

(Firm/Company)

P.O. Box 81889

(Address)

Lincoln, NE 68501-1889

(City/State and Zip code)

For further information concerning this matter, please call:

Robert G. Lange at ( 402 ) 325-4249

(Name of Person)

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**Ameritas Variable Life Insurance Company**

(Name of Corporation)

**P06679**

(Document Number of Corporation (if known))

**Nebraska**

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

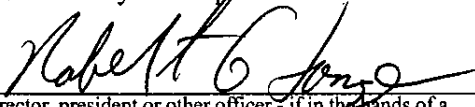
**P.O. Box 81889**

(Mailing Address)

**Lincoln, NE 68501-1889**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**Robert G. Lange**

(Typed or printed name of person signing)

  
(Date)

Vice President, General Counsel, & Assistant  
Secretary  
Ameritas Life Insurance Corp.

(Title of person signing)

**FILING FEE \$35**