

1.) CORPORATION NAME:

AMERITAS LIFE INSURANCE CORP.

DUE DATE: **6/30/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F0107914**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 81889

CITY/ST/ZIP: LINCOLN, NE 68501-1889

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES P. ABEL
TITLE: DIRECTOR
ADDRESS: PO BOX 81889
CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889

OFFICER DIRECTOR

NAME: JAMES R. KRIEGER
TITLE: DIRECTOR
ADDRESS: PO BOX 81889
CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889

OFFICER DIRECTOR

NAME: JOANN M. MARTIN
TITLE: PRESIDENT
ADDRESS: PO BOX 81889
CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889

OFFICER DIRECTOR

NAME: TONN M. OSTERGARD
TITLE: DIRECTOR
ADDRESS: PO BOX 81889
CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889

OFFICER DIRECTOR

NAME: KIM M. ROBAK
TITLE: DIRECTOR
ADDRESS: PO BOX 81889
CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889

OFFICER DIRECTOR

NAME: PAUL C. SCHORR, IV TITLE: DIRECTOR ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WINSTON J. WADE TITLE: DIRECTOR ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM W. LESTER TITLE: TREASURER ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TIMMY L. STONEHOCKER TITLE: VICE PRESIDENT ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT-JOHN H. SANDS TITLE: SECRETARY ADDRESS: 7315 WISCONSIN AVE CITY/ST/ZIP/CO: BETHESDA, MD 20814-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ ROBERT-JOHN H. SANDS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT-JOHN H. SANDS, _____ SECRETARY PRINTED NAME AND CORPORATE TITLE
5/19/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	