

1.) CORPORATION NAME:

AMERITAS LIFE INSURANCE CORP.

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0107914**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5900 O STREET

CITY/ST/ZIP: LINCOLN, NE 68510

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: JOANN M. MARTIN TITLE: PRESIDENT ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: 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: ROBERT-JOHN H. SANDS TITLE: SECRETARY ADDRESS: 4550 MONTGOMERY AVE CITY/ST/ZIP/CO: BETHESDA, MD 20814-9814	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES P. ABEL TITLE: DIRECTOR ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES R. KRIEGER TITLE: DIRECTOR ADDRESS: PO BOX 81889 CITY/ST/ZIP/CO: LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANCIS V. MASTRIANNA DIRECTOR PO BOX 81889 LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONN M. OSTERGARD DIRECTOR PO BOX 81889 LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM M. ROBAK DIRECTOR PO BOX 81889 LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL C. SCHORR, IV DIRECTOR PO BOX 81889 LINCOLN, NE 68501-1889	<input type="checkbox"/> OFFICER	<input checked="" 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	5/20/2013 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.			