

1.) CORPORATION NAME:

AMERITAS LIFE INSURANCE CORP.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: 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: 5900 O Street CITY/ST/ZIP/CO: Lincoln, NE 68510	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Timmy L Stonehocker TITLE: VICE PRESIDENT ADDRESS: 5900 O Street CITY/ST/ZIP/CO: Lincoln, NE 68510	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: William W Lester TITLE: TREASURER ADDRESS: 390 N Cotner Blvd CITY/ST/ZIP/CO: Lincoln, NE 68505	<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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: James P Abel TITLE: DIRECTOR ADDRESS: 6101 S 68th Street CITY/ST/ZIP/CO: Lincoln, NE 68516	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James R Krieger TITLE: DIRECTOR ADDRESS: 1001 Gallup Drive CITY/ST/ZIP/CO: Omaha, NE 68102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Tonn M Ostergard TITLE: DIRECTOR ADDRESS: 400 NW 56th Street CITY/ST/ZIP/CO: Lincoln, NE 68528	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Kim M Robak TITLE: DIRECTOR ADDRESS: 530 South 13th Street CITY/ST/ZIP/CO: Suite 110 Lincoln, NE 68508	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Paul C Schorr, IV TITLE: DIRECTOR ADDRESS: 345 Park Ave #31 CITY/ST/ZIP/CO: New York, NY 10154	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J Sidney Dinsdale TITLE: DIRECTOR ADDRESS: 18081 Burt Street CITY/ST/ZIP/CO: Omaha, NE 68022	<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	Robert-John H Sands, SECRETARY	6/13/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		