

1.) CORPORATION NAME:

**AMERITAS LIFE INSURANCE CORP.**

DUE DATE: **6/30/2015**

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.

<p>NAME: JOANN M MARTIN TITLE: PRESIDENT ADDRESS: 5900 O STREET CITY/ST/ZIP/CO: LINCOLN, NE 68510</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TIMMY L STONEHOCKER TITLE: VICE PRESIDENT ADDRESS: 5900 O STREET CITY/ST/ZIP/CO: LINCOLN, NE 68510</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM W LESTER TITLE: TREASURER ADDRESS: 390 N COTNER BLVD CITY/ST/ZIP/CO: LINCOLN, NE 68505</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBERT-JOHN H SANDS TITLE: SECRETARY ADDRESS: 4550 MONTGOMERY AVE CITY/ST/ZIP/CO: BETHESDA, MD 20814</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES P ABEL TITLE: DIRECTOR ADDRESS: 6101 S 68TH STREET CITY/ST/ZIP/CO: LINCOLN, NE 68516</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J SIDNEY DINSDALE TITLE: DIRECTOR ADDRESS: 18081 BURT STREET CITY/ST/ZIP/CO: OMAHA, NE 68022</p>	<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
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	5/15/2015 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.		