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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Nordrum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14219** (0)
1. Corporation Name
ACCEPTANCE INSURANCE COMPANIES INC.

Principal Place of Business: **222 SOUTH 15TH STREET, 600 NORTH, OMAHA NE 68102**
Mailing Address: **222 SOUTH 15TH STREET, 600 NORTH, OMAHA NE 68102**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **04/27/1987**
3a. Date of Last Report: **05/20/1994**

4. FEI Number: **31-0742926**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under § 199.012, Florida Statutes: Yes No

2. Mailing Office of Incorporator: **21**
2a. Mailing Address: **26**
3. State Apt # (if): **22**
3a. State Apt # (if): **27**
4. City & State: **23**
4a. City & State: **28**
5. Country: **24**
5a. Country: **29**
6. Country: **30**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City, **FL** B5 Zip Code

11. Pursuant to the procedure of Sections 607.02(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.02(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CEO NAME: COON, KENNETH C STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: SEE ATTACHED STATEMENT FOR ADDITIONAL DIRECTORS STREET ADDRESS: CITY, ST, ZIP:	
TITLE: S NAME: DAVIS, DONN E STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:	
TITLE: T NAME: MACE, GEORGIA M STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:	
TITLE: D NAME: LEBUHN, ROBERT STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:	
TITLE: D NAME: MCCARTHY, MICHAEL STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:	
TITLE: D NAME: RICHARDS, R.L. STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102 CITY, ST, ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.012(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the treasurer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/95 (402)344-8800
Date Telephone Number

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ACCEPTANCE INSURANCE COMPANIES INC.
FLORIDA CORPORATION ANNUAL REPORT

ADDITIONAL OFFICERS AND DIRECTORS

BOX 12 (Continued)

- 7.1 Director
- 7.2 Jay A. Bielfield
- 7.3 222 South 15th Street, Suite 600 North
- 7.4 Omaha, NE 68102

- 8.1 Director
- 8.2 Edward W. Elliott, Jr.
- 8.3 222 South 15th Street, Suite 600 North
- 8.4 Omaha, NE 68102

- 9.1 Director
- 9.2 John P. Nelson
- 9.3 222 South 15th Street, Suite 600 North
- 9.4 Omaha, NE 68102

- 10.1 Director
- 10.2 David L. Treadwell
- 10.3 222 South 15th Street, Suite 600 North
- 10.4 Omaha, NE 68102

- 11.1 Director
- 11.2 Doug T. Valassis
- 11.3 222 South 15th Street, Suite 600 North
- 11.4 Omaha, NE 68102