

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **04/27/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: **31-0742926**
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 s. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1. TITLE	CD
NAME	COON, KENNETH C	12. NAME	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	13. STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68102	14. CITY-ST-ZIP	
TITLE	S	2. TITLE	PD
NAME	DAVIS, DONN E	22. NAME	Nelson, John P.
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	23. STREET ADDRESS	222 South 15th St. Suite 600 North
CITY-ST-ZIP	OMAHA NE 68102	24. CITY-ST-ZIP	Omaha, NE 68102-1628
TITLE	T	3. TITLE	D
NAME	MACE, GEORGIA M	32. NAME	Bielfield, Jay A.
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	33. STREET ADDRESS	222 South 15th St. Suite 600 North
CITY-ST-ZIP	OMAHA NE 68102	34. CITY-ST-ZIP	Omaha, NE 68102-1628
TITLE	D	4. TITLE	D
NAME	LEBUHN, ROBERT	42. NAME	Elliott, Edward W.
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	43. STREET ADDRESS	222 South 15th St. Suite 600 North
CITY-ST-ZIP	OMAHA NE 68102	44. CITY-ST-ZIP	Omaha, NE 68102-1628
TITLE	D	5. TITLE	D
NAME	MCCARTHY, MICHAEL	52. NAME	Treadwell, David L.
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	53. STREET ADDRESS	222 South 15th St. Suite 600 North
CITY-ST-ZIP	OMAHA NE 68102	54. CITY-ST-ZIP	Omaha, NE 68102-1628
TITLE	D	6. TITLE	D
NAME	RICHARDS, R.L.	62. NAME	Valassis, Doug T.
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	63. STREET ADDRESS	222 South 15th St. Suite 600 North
CITY-ST-ZIP	OMAHA NE 68102	64. CITY-ST-ZIP	Omaha, NE 68102-1628

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 119.07(3)(k), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Georgia M. Mace* Georgia M. Mace Treasurer
3-28-96 (402) 344-8800

CR2E034 (12/95)