

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 68102-1635**

2. Principal Place of Business: **21 222 SOUTH 15TH STREET, 600 NORTH, OMAHA NE 68102**

2a. Mailing Address: **26 222 SOUTH 15TH STREET, 600 NORTH, OMAHA NE 68102-1635**

3. Date Incorporated or Qualified: **04/27/1987**

3a. Date of Last Report: **04/11/1996**

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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: COON, KENNETH C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-STATE-ZIP: OMAHA NE		1.3 STREET ADDRESS	
TITLE: S	NAME: DAVIS, DONN E	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102	<input type="checkbox"/> DELETE	2.1 TITLE	
CITY-STATE-ZIP: OMAHA NE 68102		2.2 NAME	
TITLE: T	NAME: MACE, GEORGIA M	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
CITY-STATE-ZIP: OMAHA NE 68102		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: LEBUHN, ROBERT	3.2 NAME	
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP: OMAHA NE 68102		3.4 CITY-STATE-ZIP	
TITLE: D	NAME: MCCARTHY, MICHAEL	4.1 TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102	<input checked="" type="checkbox"/> DELETE	4.2 NAME: John P. Nelson	
CITY-STATE-ZIP: OMAHA NE 68102		4.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628	
TITLE: D	NAME: RICHARDS, R.L.	4.4 CITY-STATE-ZIP: Omaha, NE 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 222 S. 15TH STREET, SUITE 600, NORTH OMAHA NE 68102	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-STATE-ZIP: OMAHA NE 68102		5.2 NAME: Jay A. Bielfield	
		5.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628	
		5.4 CITY-STATE-ZIP: Omaha, NE 68102-1628	
		6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME: Edward W. Elliott	
		6.3 STREET ADDRESS: 222 South 15th St. Suite 600 North Omaha, NE 68102-1628	
		6.4 CITY-STATE-ZIP: Omaha, NE 68102-1628	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 2-18-97 (402) 344-8800**

CR2E034 (9/96)