

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P14219 (0)

1. Corporation Name
ACCEPTANCE INSURANCE COMPANIES INC.



Principal Place of Business

Mailing Address

222 SOUTH 15TH STREET
600 NORTH
OMAHA NE 68102

222 SOUTH 15TH STREET
600 NORTH
OMAHA NE 68102-1628
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1987

4. FEI Number

31-0742926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 600 North
23 City & State
24 Zip 68102-1628
25 Country
26 Suite, Apt. #, etc.
27 Suite 600 North
28 City & State
29 Zip 68102-1628
30 Country

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
85 Zip Code FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME COON, KENNETH C
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE
TITLE S
NAME DAVIS, DONN E
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE 68102
TITLE Y
NAME MACE, GEORGIA M
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE 68102
TITLE PD
NAME NELSON, JOHN P.
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE
TITLE D
NAME BIELFIELD, JAY A.
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE
TITLE D
NAME ELLIOTT, EDWARD W.
STREET ADDRESS 222 S. 15TH STREET, SUITE 600, NORTH
CITY-ST-ZIP OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D/CEO
1.2 NAME
1.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
1.4 CITY-ST-ZIP 68102-1628
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 143 South 13th Street, Suite 400
2.4 CITY-ST-ZIP Lincoln, Nebraska 68508
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
3.4 CITY-ST-ZIP 68102-1628
4.1 TITLE P/D/COO
4.2 NAME
4.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
4.4 CITY-ST-ZIP 68102-1628
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
5.4 CITY-ST-ZIP 68102-1628
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
6.4 CITY-ST-ZIP 68102-1628

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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; 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.

Georgia M. Mace

SIGNATURE

Treasurer 4/15/98 (402) 344-8800

CR2E034 (10/97)