

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
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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 68102-1628 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 600 North 23 City & State 24 Zip 68102-1628	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 600 North 28 City & State 29 Zip 68102-1628	3. Date Incorporated or Qualified 04/27/1987 4. FEI Number 31-0742926 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	COON, KENNETH C	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	
CITY-ST-ZIP	OMAHA NE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVIS, DONN E	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MACE, GEORGIA M	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, JOHN P.	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIELFIELD, JAY A.	
STREET ADDRESS	222 S. 15TH STREET, SUITE 600, NORTH	
CITY-ST-ZIP	OMAHA NE	
TITLE	D	<input type="checkbox"/> DELETE
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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
1.4 CITY-ST-ZIP	68102-1628	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	143 South 13th Street, Suite 400	
2.4 CITY-ST-ZIP	Lincoln, Nebraska 68508	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
4.4 CITY-ST-ZIP	68102-1628	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	222 South 15th Street, Suite 600 North	
5.4 CITY-ST-ZIP	68102-1628	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE *Georgia M. Mace* Treasurer 4/15/98 (402) 344-8800

CRE034 (10/97)