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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P14219

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21, 22, 23, 24
2a. Mailing Address 26, 27, 28, 29, 30

3. Date Incorporated or Qualified 04/27/1987
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 owes the current year Intangible Personal Property Tax. 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 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 CDCE
NAME COON, KENNETH C
STREET ADDRESS 222 S 15TH ST, SUITE 600 N
CITY-ST-ZIP OMAHA NE 38102
TITLE S
NAME DAVIS, DONN E
STREET ADDRESS 143 S 13TH ST, SUITE 400
CITY-ST-ZIP LINCOLN NE 68508
TITLE T
NAME MACE, GEORGIA M
STREET ADDRESS 222 S 13TH ST, SUITE 600 N
CITY-ST-ZIP OMAHA NE 68102
TITLE PDCO
NAME NELSON, JOHN P.
STREET ADDRESS 222 S 15TH ST, SUITE 600 N
CITY-ST-ZIP OMAHA NE 68102
TITLE D
NAME BIELFIELD, JAY A.
STREET ADDRESS 222 S 15TH ST, SUITE 600 N
CITY-ST-ZIP OMAHA NE 68102
TITLE D
NAME ELLIOTT, EDWARD W.
STREET ADDRESS 222 S 15TH ST, SUITE 600 N
CITY-ST-ZIP OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D
1.2 NAME Robert LeBuhn
1.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
1.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628
2.1 TITLE S/General Counsel
2.2 NAME Mike Gottschalk
2.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
2.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628
3.1 TITLE D
3.2 NAME Michael McCarthy
3.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
3.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628
4.1 TITLE D
4.2 NAME R.L. Richards
4.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
4.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628
5.1 TITLE D
5.2 NAME David Treadwell
5.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
5.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628
6.1 TITLE D
6.2 NAME Doug Valassis
6.3 STREET ADDRESS 222 South 15th Street, Suite 600 North
6.4 CITY-ST-ZIP Omaha, Nebraska 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 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, with any other like empowered.

SIGNATURE Georgia Mace Treasurer/CFO 2/4/99 402-344-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)