

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90114 018 ***150.00

0550111

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

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
Trust Fund Contribution Added to Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDCE
COON, KENNETH C
222 S 15TH ST, SUITE 600 N
OMAHA NE 38102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
DAVIS, DONN E
143 S 13TH ST, SUITE 400
LINCOLN NE 68508** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MACE, GEORGIA M
222 S 13TH ST, SUITE 600 N
OMAHA NE 68102** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCDO
NELSON, JOHN P.
222 S 15TH ST, SUITE 600 N
OMAHA NE 68102** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BIEFIELD, JAY A.
222 S 15TH ST, SUITE 600 N
OMAHA NE 68102** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ELLIOTT, EDWARD W.
222 S 15TH ST, SUITE 600 N
OMAHA NE 68102** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
**D
Robert LeBuhn
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**S/General Counsel
Mike Gottschalk
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**D
Michael McCarthy
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**D
R.L. Richards
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**D
David Treadwell
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**D
Doug Valassis
222 South 15th Street, Suite 600 North
Omaha, Nebraska 68102-1628** ☐ Change ☒ Addition

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 or without other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia Mace
Treasurer/CFO 2/4/99 402-344-8800

Date

Daytime Phone #

CR2E034 (11/98)