

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14219

1. Entity Name

ACCEPTANCE INSURANCE COMPANIES INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90049 013 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-0742926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0040539



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME C
STREET ADDRESS MCCARTHY, MICHAEL R
CITY-ST-ZIP 1125 S 103RD ST STE 450
OMAHA NE 68124

TITLE ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS JOHN E. MARTIN
CITY-ST-ZIP 222 S. 15TH ST., STE. 600N
OMAHA, NE 68102

TITLE ☒ Delete
NAME S
STREET ADDRESS LEBUHN, ROBERT
CITY-ST-ZIP 222 SOUTH 15TH ST STE 600 N
OMAHA NE

TITLE ☐ Change ☒ Addition
NAME SECRETARY
STREET ADDRESS J. MICHAEL GOTTSCHALK
CITY-ST-ZIP 222 S. 15TH ST., STE. 600N
OMAHA, NE 68102

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

TITLE ☐ Change ☒ Addition
NAME CHIEF FINANCIAL OFFICER
STREET ADDRESS DWAYNE D. HALLMAN
CITY-ST-ZIP 222 S. 15TH ST., STE. 600N
OMAHA, NE 68102

TITLE ☒ Delete
NAME PDCO
STREET ADDRESS NELSON, JOHN P.
CITY-ST-ZIP 222 S 15TH ST, SUITE 600 N
OMAHA NE 68102

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS JOHN R. SVOBODA
CITY-ST-ZIP 222 S. 15TH ST., STE 600N
OMAHA, NE 68102

TITLE ☒ Delete
NAME D
STREET ADDRESS BIELFIELD, JAY A.
CITY-ST-ZIP 222 S 15TH ST, SUITE 600 N
OMAHA NE 68102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an Address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN E. MARTIN

Date

(402) 233-7227

Daytime Phone #

CR2E034 (10/00)