

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90049 013 ***150.00

DOCUMENT # P14219

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-0742926**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00040539



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.

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 MCCARTHY, MICHAEL R**
 STREET ADDRESS **1125 S 103RD ST STE 450**
 CITY-ST-ZIP **OMAHA NE 68124**

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

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

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

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

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

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ELLIOTT, EDWARD W.**
 STREET ADDRESS **222 S 15TH ST, SUITE 600 N**
 CITY-ST-ZIP **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:

JOHN E. MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(402) 233-7227

Daytime Phone #

CR2E034 (10/00)