

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P25911** (9)

1. Corporation Name

**ACCEPTANCE INSURANCE COMPANY**



Principal Place of Business

Mailing Address

**222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102**

**222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102**

3. Date Incorporated or Qualified

**09/05/1989**

3a. Date of Last Report

**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**47-0619971**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399**

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 date of signature

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D  
DAVIS, DONN E.  
134 S. 13TH, SUITE 400  
LINCOLN NE**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD  
GROSS, DAVID HARRIS  
222 S 15TH ST, #600  
OMAHA NE**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**VD  
SVOBODA, JOHN RAY  
222 S 15TH ST, #600  
OMAHA NE**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TD  
MACE, GEORGIA MAE  
222 S 15TH ST, #600  
OMAHA NE**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S  
KNOLLA, PETER  
222 S 15TH ST, #600  
663**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD  
COON, KENNETH  
222 SOUTH STE 600 N  
OMAHA NE**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**D Nelson, John P.  
222 South 15th St. Suite 600 North  
Omaha, NE 68102-1628**

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

**V Stamm, Thomas D.  
222 South 15th St. Suite 600 North  
Omaha, NE 68102-1628**

☐ Change ☒ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

**V McCord, Rick L  
222 South 15th St. Suite 600 North  
Omaha, NE 68102-1628**

☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

**V Tiepelman, Gary L.  
222 South 16th St. Suite 600 North  
Omaha, NE 68102-1628**

☐ Change ☒ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

*Georgia M. Mace*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace Treasurer  
3-28-96 (402) 344-8800

CR2E034 (12/95)