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Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102

Mailing Address

222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102-1635



3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 04/11/1996
4. FEI Number 47-0619971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country
24	29 68102-1628

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399

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 type the printed name of registered agent, and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NELSON, JOHN P. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 SOUTH 15TH ST. SUITE 600 NORTH	1.2 NAME	
STREET ADDRESS	OMAHA NE	1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	V STAMM, THOMAS S. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	222 SOUTH 15TH ST. SUITE 600 NORTH	2.2 NAME	Georgia M. Mace
STREET ADDRESS	OMAHA NE	2.3 STREET ADDRESS	222 South 15th St. Suite 600 North
CITY- ST- ZIP		2.4 CITY- ST- ZIP	Omaha, NE 68102-1628
TITLE	V MCCORD, RICK L. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	222 SOUTH 15TH ST. SUITE 600 NORTH	3.2 NAME	John R. Svoboda
STREET ADDRESS	OMAHA NE	3.3 STREET ADDRESS	222 South 15th St. Suite 600 North
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Omaha, NE 68102-1628
TITLE	V TIEPELMAN, GARY L. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	222 SOUTH 16TH ST. SUITE 600 NORTH	4.2 NAME	David H. Gross
STREET ADDRESS	OMAHA NE	4.3 STREET ADDRESS	222 South 15th St. Suite 600 North
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Omaha, NE 68102-1628
TITLE	S KNOLLA, PETER <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 S 15TH ST, #600	5.2 NAME	
STREET ADDRESS	683	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	PD COON, KENNETH <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	222 SOUTH STE 600 N	6.2 NAME	PCD
STREET ADDRESS	OMAHA NE	6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Georgia M. Mace 2-18-97 (402) 344-8800  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)