

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 68102-1628
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1989	
21		25		4. FEI Number 47-0619971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip 68102-1628	25	Country	29	Zip 68102-1628
				30	Country

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
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NELSON, JOHN P.			1.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST. SUITE 600 NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			1.4 CITY-ST-ZIP	68102-1628		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MACE, GEORGIA M.			2.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST., SUITE 600 NORTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			2.4 CITY-ST-ZIP	68102-1628		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SVOBODA, JOHN R.			3.2 NAME			
STREET ADDRESS	222 SOUTH 15TH ST. SUITE 600 NORTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			3.4 CITY-ST-ZIP	68102-1628		
TITLE	DV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GROSS, DAVID H.			4.2 NAME			
STREET ADDRESS	222 SOUTH 16TH ST. SUITE 600 NORTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			4.4 CITY-ST-ZIP	68102-1628		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOLLA, PETER			5.2 NAME			
STREET ADDRESS	222 S 15TH ST, #600			5.3 STREET ADDRESS	222 South 15th Street, Suite 600 North		
CITY-ST-ZIP	683			5.4 CITY-ST-ZIP	Omaha, Nebraska 68102-1628		
TITLE	PCD	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COON, KENNETH			6.2 NAME			
STREET ADDRESS	222 SOUTH STE 600 N			6.3 STREET ADDRESS			
CITY-ST-ZIP	OMAHA NE			6.4 CITY-ST-ZIP	68102-1628		

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.

Georgia M. Mace

Treasurer 4/15/98 (402) 344-8800

CR2E034 (10/97)