

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90114 016 \*\*\*150.00

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DOCUMENT # P25911

1. Corporation Name

ACCEPTANCE INSURANCE COMPANY

Principal Place of Business

222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102  
US

Mailing Address

222 SOUTH 15TH  
SUITE 600 NORTH  
OMAHA NE 68102  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1989

4. FEI Number

47-061997-1

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NELSON, JOHN P.

STREET ADDRESS 222 SOUTH 15TH ST. SUITE 600 NORTH

CITY-ST-ZIP OMAHA NE 62102

TITLE TD ☐ DELETE

NAME MACE, GEORGIA M.

STREET ADDRESS 222 SOUTH 15TH ST., SUITE 600 NORTH

CITY-ST-ZIP OMAHA NE 68102

TITLE DV ☐ DELETE

NAME SVOBODA, JOHN R.

STREET ADDRESS 222 SOUTH 15TH ST. SUITE 600 NORTH

CITY-ST-ZIP OMAHA NE 68102

TITLE DV ☐ DELETE

NAME GROSS, DAVID H.

STREET ADDRESS 222 SOUTH 16TH ST. SUITE 600 NORTH

CITY-ST-ZIP OMAHA NE 68102

TITLE S ☐ DELETE

NAME KNOLLA, PETER

STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH

CITY-ST-ZIP OMAHA NE 62102

TITLE PD ☐ DELETE

NAME COON, KENNETH

STREET ADDRESS 222 SOUTH STE 600 N

CITY-ST-ZIP OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Mike Gottschalk

1.3 STREET ADDRESS 222 South 15th Street, Suite 600 North

1.4 CITY-ST-ZIP Omaha, Nebraska 68102-1628

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE S/D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered Georgia Mace

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

2/4/99

402-344-8800

Date

Daytime Phone #

CR2E034 (11/98)