

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25911

1. Entity Name

ACCEPTANCE INSURANCE COMPANY

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90162 008 ***150.00

Principal Place of Business

222 SOUTH 15TH
SUITE 600 NORTH
OMAHA NE 68102
US

Mailing Address

222 SOUTH 15TH
SUITE 600 NORTH
OMAHA NE 68102-1680
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0619971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JOHN P. 222 SOUTH 15TH ST. SUITE 600 NORTH OMAHA NE 62102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACE, GEORGIA M. 222 SOUTH 15TH ST., SUITE 600 NORTH OMAHA NE 68102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SVOBODA, JOHN R. 222 SOUTH 15TH ST. SUITE 600 NORTH OMAHA NE 68102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GROSS, DAVID H. 222 SOUTH 16TH ST. SUITE 600 NORTH OMAHA NE 68102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOLLA, PETER 222 SOUTH 15TH STREET, SUITE 600 NORTH OMAHA NE 62102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COON, KENNETH 222 SOUTH STE 600 N OMAHA NE 68102	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM R. BAXTER 222 S. 15TH ST., STE. 600 N. OMAHA, NE 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. MICHAEL GOTTSCHALK 222 S. 15TH ST., STE. 600 N. OMAHA, NE 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN E. MARTIN 222 S. 15TH ST., STE. 600 N. OMAHA, NE 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUCE SLAUGHTER 222 S. 15TH ST., STE. 600 N. OMAHA, NE 68102-1628	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICK MCCORD 535 WEST BROADWAY COUNCIL BLUFFS, IA 51503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)