

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90049 015 \*\*\*150.00

**DOCUMENT # P25911**

1. Entity Name

**ACCEPTANCE INSURANCE COMPANY**

Principal Place of Business

Mailing Address

222 SOUTH 15TH  
 SUITE 600 NORTH  
 OMAHA NE 68102  
 US

222 SOUTH 15TH  
 SUITE 600 NORTH  
 OMAHA NE 68102  
 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, 2001 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	<b>D</b> <b>BAXTER, WILLIAM R</b> <b>222 SOUTH 15TH ST. SUITE 600 NORTH</b> <b>OMAHA NE 68102-1628</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MACE, GEORGIA M.</b> <b>222 SOUTH 15TH ST., SUITE 600 NORTH</b> <b>OMAHA NE 68102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>SVOBODA, JOHN R.</b> <b>222 SOUTH 15TH ST. SUITE 600 NORTH</b> <b>OMAHA NE 68102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOTTSCHALK, J M</b> <b>222 SOUTH 16TH ST. SUITE 600 NORTH</b> <b>OMAHA NE 68102-1628</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KNOLLA, PETER</b> <b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b> <b>OMAHA NE 62102</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COON, KENNETH</b> <b>222 SOUTH STE 600 N</b> <b>OMAHA NE 68102</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JOHN E. MARTIN</b> <b>222 S. 15TH ST., STE. 600N</b> <b>OMAHA, NE 68102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>J. MICHAEL GOTTSCHALK</b> <b>222 S. 15TH ST., STE. 600N</b> <b>OMAHA, NE 68102</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF FINANCIAL OFFICER</b> <b>DWAYNE D. HALLMAN</b> <b>222 S. 15TH ST., STE. 600N</b> <b>OMAHA, NE 68102</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>JOHN R. SVOBODA</b> <b>222 S. 15TH ST., STE. 600N</b> <b>OMAHA, NE 68102</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

*John E. Martin*  
**JOHN E. MARTIN**

(402) 233-7227

Date

Daytime Phone #

CR2E034 (10/00)