

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90402 024 \*\*\*550.00

**DOCUMENT # P25911**

1. Entity 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**

2. Principal Place of Business

**535 West Broadway**

3. Mailing Address

**535 West Broadway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Council Bluffs, IA**

City & State

**Council Bluffs, IA**

4. FEI Number

**47-0619971**

Applied For

Not Applicable

Zip  
**51503**

Country  
**USA**

Zip  
**51503**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **P** ☐ Delete  
 NAME **MARTIN, JOHN E**  
 STREET ADDRESS **222 SOUTH 15TH ST. SUITE 600 NORTH**  
 CITY-ST-ZIP **OMAHA NE 68102**

TITLE **S** ☐ Delete  
 NAME **GOTTSCHALK, J MICHAEL**  
 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 **D** ☒ Delete  
 NAME **GOTTSCHALK, J M**  
 STREET ADDRESS **222 SOUTH 16TH ST. SUITE 600 NORTH**  
 CITY-ST-ZIP **OMAHA NE 68102-1628**

TITLE **CFO** ☐ Delete  
 NAME **HALLMAN, DWAYNE D**  
 STREET ADDRESS **222 SOUTH 15TH STREET, SUITE 600 NORTH**  
 CITY-ST-ZIP **OMAHA NE 68102**

TITLE **VP** ☐ Delete  
 NAME **SVOBODA, JOHN R**  
 STREET ADDRESS **222 SOUTH STE 600 N**  
 CITY-ST-ZIP **OMAHA NE 68102**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P, D** ☒ Change ☐ Addition  
 NAME **John E. Martin**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, IA 51503**

TITLE **S,D** ☒ Change ☐ Addition  
 NAME **J. Michael Gottschalk**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, IA 51503**

TITLE **CFO;D** ☒ Change ☐ Addition  
 NAME **Dwayne D. Hallman**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, IA 51503**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **John R. Svoboda**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, IA 51503**

TITLE **VP, D** ☒ Change ☐ Addition  
 NAME **Charles E. Boyle**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, Iowa 51503**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **Mary L. Sutton**  
 STREET ADDRESS **535 West Broadway**  
 CITY-ST-ZIP **Council Bluffs, Iowa 51503**

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

800-999-7475 ext.5750

Date

Daytime Phone #

CR2E034 (9/01)