


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P35929 1. Entity Name ACCEPTANCE INDEMNITY INSURANCE COMPANY	
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Principal Place of Business P.O. BOX 10800 RALEIGH, NC 27605 US	Mailing Address P.O. BOX 10800 RALEIGH, NC 27605 US
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04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0719425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BLINSON, MICHAEL D 702 OBERLIN ROAD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLOGG, PETER R 702 OBERLIN ROAD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KING, GEORGE E 702 OBERLIN ROAD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERBS, EDWARD A 702 OBERLIN ROAD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHAND, STEPHEN L 702 OBERLIN ROAD RALEIGH, NC 27605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HAMM, KEVIN J 702 OBERLIN ROAD RALEIGH, NC 27605

**DO NOT WRITE
IN THIS SPACE**

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04/18/05-80080-006 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael D. Blinson Michael D. Blinson 4/13/05 9A-833-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone