

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P35929

1. Entity Name
ACCEPTANCE INDEMNITY INSURANCE COMPANY



Principal Place of Business
P.O. BOX 10800
RALEIGH, NC 27605 US

Mailing Address
P.O. BOX 10800
RALEIGH, NC 27605 US



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0719425
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/29/06-80003-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/10/06

919-833-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone