


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P35929</b> 1. Entity Name <b>ACCEPTANCE INDEMNITY INSURANCE COMPANY</b>	
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Principal Place of Business <b>P.O. BOX 10800 RALEIGH, NC 27605 US</b>	Mailing Address <b>P.O. BOX 10800 RALEIGH, NC 27605 US</b>
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04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>47-0719425</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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, 2007 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

**DO NOT WRITE  
IN THIS SPACE**

U00000732788  
05/09/07-80059-025 150.00

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** 4/23/07 919-833-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #