

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **820062** (8)

1. Corporation Name  
**AMERICAN CAPITOL INSURANCE COMPANY**



Principal Place of Business Mailing Address  
**10555 RICHAMOND AVENUE POB 42814 HOUSTON TX 77042-5054 US**

3. Date Incorporated or Qualified **11/18/1966** 3a. Date of Last Report **02/16/1995**  
4. FEI Number **74-1219404** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Subst. Apt. #, etc. 27 Subst. Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>CORNETT, JOHN D.</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10555 RICHMOND AVE</b>	1.2 NAME	
STREET ADDRESS	<b>HOUSTON, TX 00000</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Zip 77042-5054</b>
TITLE	VPS <b>CLANCY, PAUL L</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10555 RICHMOND AVE</b>	2.2 NAME	
STREET ADDRESS	<b>HOUSTON TX</b>	2.3 STREET ADDRESS	<b>Zip 77042-5054</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TC <b>DAVIS, SHERENE L</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10555 RICHMOND AVE</b>	3.2 NAME	<b>Musselwhite, H. Kathleen</b>
STREET ADDRESS	<b>HOUSTON, TX 00000</b>	3.3 STREET ADDRESS	<b>77042-5054</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <b>DANIELS, R W.</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>838 ELKCAM CIR #403</b>	4.2 NAME	<b>Hill, C. Stratton, Jr., M.D.</b>
STREET ADDRESS	<b>MARCO ISLAND FL</b>	4.3 STREET ADDRESS	<b>2924 Ella Lee</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Houston, TX 77019</b>
TITLE	D <b>GUEST, WILLIAM F.</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>10555 RICHMOND AVE.</b>	5.2 NAME	
STREET ADDRESS	<b>HOUSTON TX</b>	5.3 STREET ADDRESS	<b>77042-5054</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H. Kathleen Musselwhite* **H. Kathleen Musselwhite** 2/7/96 713-974-2242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer

CR2E034 (12/95)