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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
10555 RICHAMOND AVENUE POB 42814  
HOUSTON TX 77042-5054  
US

Mailing Address  
10555 RICHAMOND AVENUE POB 42814  
HOUSTON TX 77042-5021  
US



3. Date Incorporated or Qualified 11/18/1966  
3a. Date of Last Report 02/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	74-1219404	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	CORNETT, JOHN D.	1.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	1.4 CITY-ST-ZIP	77042-5054
TITLE	VPS	2.1 TITLE	Change Addition
NAME	CLANCY, PAUL L	2.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	77042-5054
TITLE	TC	3.1 TITLE	Change Addition
NAME	MUSSELWHITE, H K	3.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 00000	3.4 CITY-ST-ZIP	77042-5054
TITLE	D	4.1 TITLE	Change Addition
NAME	HILL, C S JR	4.2 NAME	
STREET ADDRESS	2924 ELLA LEE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	77019
TITLE	D	5.1 TITLE	Change Addition
NAME	GUEST, WILLIAM F.	5.2 NAME	
STREET ADDRESS	10555 RICHMOND AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	77042-5054
TITLE		6.1 TITLE	Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/96)