

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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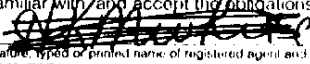
DOCUMENT # 820062 (8)
 1. Corporation Name
AMERICAN CAPITOL INSURANCE COMPANY

Principal Place of Business 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US	POB 42814	Mailing Address 10555 RICHAMOND AVENUE HOUSTON TX 77042-5054 US	POB 42814
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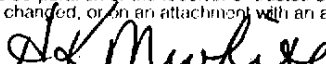
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1966	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25 Zip	25 Country	29 Zip	30 Country	4. FEI Number 74-1219404	Applied For <input type="checkbox"/> Not Applicable
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	
				85 Zip Code	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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		DATE	
			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CORNETT, JOHN D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10555 RICHMOND AVE	1.2 NAME	
STREET ADDRESS	HOUSTON, TX 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPS CLANCY, PAUL L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10555 RICHMOND AVE	2.2 NAME	
STREET ADDRESS	HOUSTON TX	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TC MUSSELWHITE, H K	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10555 RICHMOND AVE	3.2 NAME	
STREET ADDRESS	HOUSTON, TX 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HILL, C S JR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2924 ELLA LEE	4.2 NAME	
STREET ADDRESS	HOUSTON TX	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D GUEST, WILLIAM F.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10555 RICHMOND AVE.	5.2 NAME	
STREET ADDRESS	HOUSTON TX	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
TITLE		VP	
NAME		Stites, D R	
STREET ADDRESS		10555 Richmond Ave	
CITY-ST-ZIP		Houston, TX	77042-5054

14. 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 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 in an attachment with an address.

SIGNATURE:  H. Kathleen Musselwhite 2/09/98 (713) 974-2242

CR2E034 (10/97)